FOR BINDING

ARGIN RESERVED

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3, 4	4	7	

1. PLACE OF DEATH	948)	
County Here dericks	Registration Dist. No. 152	
Village or City It albieraccill	No	Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and nu osds. How long in U.S. it of foreign birth?yrsmos.	
2. FULL NAME Thomas & Alban	ngh.	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and Si	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	193 (Year)
a. It married, widowed, or divorced HUSBANO ot (or) WIFE of	22. I HEREBY CERTIFY, That I attended de	eceased fron
5. DATE OF BIRTH (month, day, and year) Set 16-1861	1 1 1 1 1 1 1 1 1	
AGE Years Months Oays It LESS than 1 day,hr	were as follows:	
8 Trade protession or particular		Date of onsel
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Oate deceased last worked at his occupation (month and		24,5
10. Oate deceased last worked at this occupation (month and year) 11. Total tima (years) spant in this occupation 254		
(State or country) Frederich Co. md	Other Coutributory Causes of importanca:	
13. NAME auch allygygh		
(State or country) Anders Enterty Town	Name ot oparation Date of What test confirmed diagnosis? Was there an au'	
15. MAIDEN NAME man in Etaler	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIOEN NAME May on Effective 16. BIRTHPLACE (city or town) hear deflective or town.	Accident, suicide, or homicide? Date ot injury	, 19
7. INFORMANT miss tatte al bangh	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address) Walkerwills md		6
8. BURIAL, CREMATION, OR REMOVAL Place Union Chapel Date 426 14, 1937	Mannar of Injury	
9. UNDERTAKER GC Barton	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Malderauce	If so, specify orcha M. Comment	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

BINDING

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20. FILEO. - and.

н п п	920
bucks	Registration Dist. No. 144
eacefarm	NoSt.,Ward
er town where death occurred 4 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)
ar Jown where death occurredyrsnios.	ds. How long In U.S. If of foreign birth?yrsmosds,
anak Frances &	Local U. S. Veteran, specify WAR
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
OF RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH
Rele Wishould	(Month) (Dey) (Yeer)
	22. / HEREBY CERTIFY, That I ettended deceased from
n Utnolll	Det 15 1936 10 Lan 11 1937
and year) Mary 24, 1870	I lest sew h la alive on family 1987; deeth is said
Months Deys I LESS then	to heve occurred on the deta stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
ticular //	were es tolows: Data of one 11/17/31
S SPINNER, Jause Wife	Chronio Endocendito
which LK MILL,	Calvulus insufficeway 1925
·	
ed et 11. Totel time (yeers) h end spent in this	
occupation	Other Contributory Causes of importance:
At a distance	
enella Co. 100a.	
res Logal	
n)	Neme of operation.
, oa	Whet test confirmed diagnosis
annah Laah	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
n) 1.1.6.2.7	Accident, suicide, or homicide? Dete of injury, 19
20.0 a.	Where did Injury occur?
. C. Carkenson	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
arlinsburg W. Va.	
MOVAL MAND - MIL 87	Manner of injury
19. Oete 1. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Neture of injury
Meinen	24. Was diseese or injury In any way releted to occupation of deceesed?
utishingWa.	If so, specify
37 and MI Comes	(Signed) Morris a Direly M.D.
Registrar.	(Address) Themouff Med

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis FEB 2, 7007	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	WEAU V. S.	July 5,1927	Peritonitis	3 days ago	
· ·					
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT REC

FOR BINDING

ARGIN RESERVED

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. N. B.—WRITE PLANLY, WITH

	STATE OF MARYLAND	CERTIFICATE OF DEATH	151
1	. PLACE OF DEATH	159	0
	County Frederick	Registration Dist. No. 3	_
	Village or City Mr. Middletom	No.	Ward
34	(lf	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
1	Langth of residanca in city or town whare daath occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
1. 2	2. FULL NAME Infant Daker	If U. S. Veteran, specify WAR	
	(a) Residence: No. (Usual place of abode)	St., Ward.	
-	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
2	Female White OR DIVORCED (write the word)	Jan. 13	193.7
5a.	If marriad, widowad, or divorcad	(Month) (Day)	(Yaar)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded d	aceasad from
	T 12 1 2 2	Q19, to	,
	DATE OF BIRTH (month, day, and year) Jan. 12. 1937	I last saw har aliva on four 2, 1937;	daath is said
7.	AGE Years Months Days / If LESS than I day, \(\frac{1}{2} \). hrs.	to have occurred on the date stated above, at . 3.00.440, The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	ormin.	wara as follows:	Oate of onset
NO	8. Trada, profassion, or particular kind of work dona, as SPINNER,	o gemalier of	
OCCUPATION	SAWYER, BOOKKEEPER, atc	burth. if moules	
UP	work was dona, as SILK MILL, SAW MILL, BANK, etc.		
000	10. Data dacaasad last worked at this occupation (month and spent in this occupation occupation occupation occupation		
12.	BIRTHPLACE (city or town) Mr. Middle town, Md. (State or country)	Other Contributory Causes of importance:	
R	13. NAME Paul Baker		
FATHER	v 201/1/	No. of continu	
FA	14, BIRTHPLACE (city or town)	Name of operation	
ER	15. MAIDEN NAME Clara Routzahn	23. If death was due to external causes (VIOLENCE) fill in also the following:	topsy?
MOTHER	N 00 - 1-1-11-	Accident, suicide, or homicide? Data of Injury	10
MC	16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?	, 17
	Parl Bake	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAI) CE
17.	INFORMANT (Addrass)		,
18.	BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
	Place Lutheran Cometery Data Jan 13,1937	Nature of injury	
19	UNDERTAKER GLadhill 600	24. Was disease or injury In any way related to occupation of decaased?	
	(Addrass) Middlegtom Wd	If so, spacify	
20	FILED Dec 13. 1957 1 Tracom Quel	(Signed) Hala	M. D.
	Registrar.	(Address) Willed Olove	A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as sertant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 45%
1. PLACE OF DEATH	159
County Rederich within the Octoberate	Registration Dist. No. 12
Village or City Fredlick	No. 157 3 4 0, St., Ward
(If Length of residence in city or town where death/occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mabel Fillian Baker.	"me voteran
(a) Residence: Np. 157. D + Q,	St. Ward
(Usual place of abode)	eruh Ma, St. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH Jan 29
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTYFY, Thet I attended deceased from
6 11 -	190), to the 1907
5. DATE OF BIRTH (month, day, and year) 100.26-1937 7. AGE Years Months Days If LESS than	I last sawh alive on 19.7; death is said
1 day,hrs.	to have occurred by the date state above, et
8. Trade, profession, or particular	we're as follows:
kind of work done, as SPINNER, Lem Born.	Mumorlogue Durine of
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	the New York,
1D. Date deceased last worked at 11. Total time (years)	2 mmstung
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Mayand,	Rue e flamble 10 x lmes u
13. NAME Jeo, Wi Dakes.	Mother
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Mable & Franche	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
7. INFORMANT LEO. N. Baker.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Frederick md'	
18. BURIAL, CREMATION, OR REMOVAL Place AMT. Skurtcem. Dete Jan 29, 1937	Manner of injury
19. UNDERTAKER Mad Furnial Home, (Address) Judines Modi	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED 29- Jan 1937 - Amlendy Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	11 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

453

1. PLACE OF DEATH			106-a	
County Frederick			Registration Dist. No/	44
Village or City Catoct1x Length of residence In city or town where			No. Sideath occurred in a hospital or institution, give its NAME instead of streeds. How long in U.S. if of foreign birth?	t.,Ward et and number)ds.
	et Eliz	a Baker	If U. S. Veteran, specify WAR // /	.
(a) Hooldonee. Hoo	(Usual place o	of abode)	If nonresident give city or tow	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEAT	TH
s. sex 4. color or race White	5. SINGLE, MARE OR DIVORCED Marri	(write the word)	21. DATE OF DEATH January 26th. (Month) (Day)	, 193_7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H	I. Baker		22. JI HEREBY CERTIFY, That I atte	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 4	Days 26	If LESS than I day,hrs. ormin,	to have occurred on the data(stated above, at T m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	3.7; deeth is sald
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewif Own Hom		Thromboungertis abileras	~ 1984
SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town) Thur (State or country)		me (yeers) It in this pation25	Other Contributory Causes of importance:	12/24/
1	alev		- by	2
13. NAME Jonathon Fr 14. BIRTHPLACE (city or town) Thu (State or country)			Neme of operation Dat What test confirmed diagnosis? WY WAS Was the	re en autopsy?
(Stete or country) 17. INFORMANT GEORGE H.	ot known Penna. Baker	1	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the fol Accident, suicide, or homicide?	llowing: , 19
(Address) Thurmo 18. BURIAL, CREMATION, OR REMOVAL PlecaThurmont. Bl. R	21.00	1.29.,19.37	Manner of Injury	
19. UNDERTAKER M. L. Crea (Address) Thurmont 20. FILED Jan. 27. 1937 MM	ma M	n.	24. Was disease or injury in eny way related to occupation of decease If so, specify (Signed) (Address) (Address)	M.D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1	L	

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. N. B.-WRITE PLANLY, WITH

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ARGIN RESERVED

V. S. No. 1

7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work dona, as SPINNER, Particular SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) (State or country) Maryland. 11. Total time (yaars) - spent in this occupation. Other Contributory Causes of Importance: Under Contributory Causes of Importance: Under Contributory Causes of Importance: Other Contributory Causes of Importance:	A (2
Village or City Month Where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DEPUTER (Survice the word) DEPUTER (Survice the word) Financial, widowed, or divgread HUSBARD of Coast Miller of Coast Months Days 11 LESS than 1 days. Also Ward Coast Miller or Months SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SINK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SINK MILL, SAWYER, BOOKKEPER, etc. 12. BIRTHPLACE (city or town) (State or country) Was there was the survival of the survival of the survival occupation. Name of operation. Name of operation. Date What test confirmed diagnosis? Was there was the survival diagnosis? Was there was the survival diagnosis?	2
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(a) Residence: No.	t and number)
(a) Residence: No. Clusus place of abode St., Ward. If nonresident give city or tow	mosds
(a) Residence: No.	au.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Nacle 1. COLOR OR RACE No. DIVORGED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) 5. If married, widowed, or divorcad HUSBAND of Co. DHF of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, RolokkeEper, etc. SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) Very coupation (State or country) Maryland 11. Total time (years) SAWILL, BIRTHPLACE (city or town) (State or country) Name of operation.	
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was then	2 7
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(Stata of country) What test confirmed diagnosis? Was the	1925
What test confirmed diagnosis? Was the	
(Stata of country) What test confirmed diagnosis? Was the	of
15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the fol	e an autopsy?
	owing:
16. BIRTHPLACE (city or town) Date of injury	, 19
(Stata or country) Where did Injury occur? (Specify city or town, county are	16)
17. INFORMANT Vangeline Vice Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBL	C PLACE.
(Addrass) Fred. Co. Enguey togetal	
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Placa M. O Cara Cara Pate . 1937 Natura of Injury	
19. UNDERTAKER Well + Son Suc. 24. Was disease or injury in any way related to occupation of decaase	17 200
(Address) Syperville, Ma. If so, specify	
20. FILED 9 . 1937. 212 2m (mg) (Signed)	. M, D
Registrary (Address)	ck med

151

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

No. R. D. # Z. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U. S. If of foreign birth? ______yrs. _____mos._____ds.

Length of residence In city or town where deeth occurred 70 vrs mos. ds. 2. FULL NAME William Elmer Blank If U. S. Veteran, specify WAR none

(a) Residence: No. Nr. Shookstown (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS 3. SEX

4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) white married

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Lora Decker

1. PLACE OF DEATH

male

OCCUPATION

instructions

important.

DEA'

OF

6. DATE OF BIRTH (month, day, end year)

7. AGE Months If LESS than Davs 1 day hrs. 3

8. Trade, profession, or perticuler kind of work dona, as SPINNER, Farmer SAWYER, BOOKKEEPER, atc.

3. Industry or business in which work was done, as SILK MILL, General Farming SAW MILL, BANK, etc

10. Data dacaased last worked at this occupation (month and

spent in this

or____min.

(State or country) Blank 13. NAME John H.

12. BIRTHPLACE (city or town).

FATHER f4. BIRTHPLACE (city or town) (State or country)

Harriet Hargett MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. (Address) Frederic 18. BURIAL, CREMATION, OR REMOVAL

M.R. Etchison 19. UNDERTAKER _ (Addrass)

20. FILED 20

21. DATE OF DEATH

I HEREBY CERTIFY. That I attended deceased from 1937 to Jan. 18,

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH and releted causes of Importance

Other Contributory Causes of Importance:

Nature of Injury.

Whet test confirmed diegnosis?__ 23. If death wes due to externel causes (VIOLENCE) fill in also the following:

Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

24. Was disease or Injury In any way related to occupation of daceesed? _ ``O`

If so, specify _ (Signed).

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	ample I	EOH	Example II	
The principal cause of deat of importance were as followarteriosclerosis	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	DEIDEAU V	\$ 1921	Run over by street car	1 week ago
Cerebral hemorrhage	DONE	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	of importance:	May 1,1923	Other contributory causes of importance:	1 year
· ·		1109212000		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF MAR	YLAND—	CERTIFICATE	OF DEA	TH	456
County Fred	with		34	Dogiotastica	Disk No. 14	9
	rsweek		Np.	Registration		Word
			death occurred in a hospital or institu			
Length of residence in city or town w	0	yrs,mos	ds. How long in U.S. if o	of foreign birth?	yrsn	nosds.
2. FULL NAME Charles	Raymord	Downes	1 Jun If U. S. Veteran,	specify WAR	***********	
(a) Residence: No.	(Usual place	A	St., Ward.	If annualdant	give city or town and	J C
PERSONAL AND STAT			MEDICAL C	ERTIFICATE		G State
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR	RRIED, WIDDWED. ED (write the word)	21. DATE OF DEATH	for	//	, 193. 7
5a. If married, widowed, or divorced	1 1000	Ja		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of		The state of the	22. HEREBY		Y That I attended	deceased from
	2.18	19361	1	193/ 10		, 19 6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month	Deys	If LESS than	to have occurred on the date state	debous of /3	0	; death Is said
10	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	,	es of importance	
8 Trade profession or particular		ormin.	were as follows:			Date of onset
kind of work done, es SPINNER SAWYER, BDOKKEEPER, etc			\sim	. 1		
kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at			· Comm	Luca	Z : due to	1/19/3
SAW MILL, BANK, etc	11. Total (time (years)	syphilis. Child	Rad been g	iven intrais.	
this occupation (month and year)	f Spe	ent in this upation	- muscular treats	ment for as	sphilas Gus	CER
12 DIDTHOLAGE (situations)	2- 1		Dther Contributory Causes of Impo	ortance: 7		
12. BIRTHPLACE (city or town) (Stete or country)	100		Childe Jearents bot	0 -0 -	1 - 12 0	
13. NAME Chanley & C	Dovers		Ay Johilian	1- drawed -	forsetive for	4
13. NAME Chanles & C	201		Name of operation	07-E	Date of	
(State or country)	1100	7 / 0	What test confirmed diegnosis?		Was there an	autopsy?_55
15. MAIDEN NAME DOWNS	u o Dees	kford	23. If death was due to external cau	uses (VIDLENCE) fil	I in also the followin	g:
[16. BIRTHPLACE (city or town)	Jel	0	Accident, suicide, or homicide?		Date of injury	719
(State or country)	0		Where did injury occur?		town, county and Sta	ite)
17. INFORMANT Chars OF OS	wun	- P	Specify whother Injury occurred in	n INDUSTRY, in HD	ME, or in PUBLIC PL	LACE,
18. BURIAL, CREMATION, OR REMOVAL	were my	- k mol			400000000000000000000000000000000000000	
Place Donk Height	Date Date	12.1937	Manner of injury			
19. UNDERTAKER DATES	2 Jain	2.1	24. Was disease or injury in any w	ey related to occupa	ation of deceased?	E)
(Address) DSM	nound	1 ng	If so, specify (Signed)	The first		
20. FILED Jan 1937 4	us H.S. M	Ardo 6 Registrar.	(Address)		1/6.	M. D.
If	more blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Re	questing U. S. No.	I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
With Early	2)		
Other contributory tauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Mt. Olivet Cemetery Frederick, Md.

Snyder & Hancock

Exact statement of OCCUPA-PERMANENT RECORD. Every item of infor--PHYSICIANS stated EXACTLY. properly classified. certificate. See instructions on back supplied. TION is very important.

RGIN RESERVED FOR BINDING

should state

mation should be carefully -WRITE PLA V. S. No. 1

18. BURIAL,

19. UNOERTAKER

(Address)

CAUSE OF DEATH in plain terms, so that it may

		STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	45%
1	. PLACE O	F DEATH			(23)	
	County	Freder	rick.		Registration Dist. No. 1	39
	Village or (ity State	Sanatori	um, Md (l)	No. St., f death occurred in a hospital or iostitution, give its NAME instead of street and 22 ds. How long In U.S. if of foreign birth?yrs	number)
2					If U. S. Veteran, specify WAR	
	(a) Resider	ce: No. Hand	CUsual place	0x # 128	Washingtwom Co. Maryland. ff nonresident give city or town an	d State
. 1 .	PERSON	IAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
F	sex Female	4. color or race White	5. SINGLE, MAI OR DIVORCI Mari	RRIED, WIDOWED, ED (write the word) Cied	21. DATE OF DEATH January (Month) January	., 193. 7 (Year)
5a.	If married, widov HUSBAND of (or) WIFE of		lwin Burk	СӨ	22. HEREBY CERTIFY, That f ettender Sept. 19 36, to Jan 3	, 19.37
_	AGE Yes		Oeys	16 1893 If LESS than 1 day,hrs.	to heve occurred on the dete stated above, et 8.20 A. M.	.7; death is sa
		13 0	16	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onse
OCCUPATION	kind of SAWYER 9. Industry or work we	ssion, or particular work done, es SPINNER, , BOOKKEEPER, etc business in which s done, as SILK MILL, LL, BANK, etc		e.	Pulmonary Tuberculosis	1933.
000	fO. Date deceas	ed last worked at pation (month and	11. Total	time (years) ent in this OYrs cupation		
12.	BIRTHPLACE (ci		Virgini	a	Other Contributory Causes of Importance:	
ER	13. NAME	Frank	Spring			
FATHER		(city or town)		la	Name of operation none pos Sput htmpf- What test confirmed diagnothest X-Ray westhere an	autopsy?_n
1ER	15. MAIDEN NA	ME Esthe	r Snoots	3	23. If death was due to external causes (VIOLENCE) filf In also the following	
MOTHER	1	(city or town)	Virgini		Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and St.	ate)
17.	(Address)	Mattie Hancock	E. Burke)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... 10

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral homorrhage FEB 6 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 458
1. PLACE OF DEATH	210-700 /3/
county Arederick	Registration Dist. No.
Village or City Modder We (II	No. Emergeney Hospitatl Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Amas Cannon	If U. S. Veteran, specify WAR. Trans.
(a) Residence: No. Bruns wick Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White	21. DATE OF DEATH /8 Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of Mallo Mello	Jan 1/ 1932, to 4.0 1.8 , 19.3.2
6. DATE OF BIRTH (month, day, and year) Sen + 16/870	Plest saw harman alive on Jane 127, 1937; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
55 4 2. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular 1 kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer	Septement July
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month end)	
10. Date decessed last worked at this occupation (month end to year) 11. Total time (years) spent in this occupation 25	
12. BIRTHPLACE (city or town) the derick Co.	Other Contributory Causes of Importance:
(State or country) Maryland	nh arms
13. NAME / Romas Cannon 14. BIRTHPLACE (city or town) 77 rederick Co.	and accordent
14. BIRTHPLACE (city or town) 77 Mallecte Co. (State or country) Management	Nama of operation
	Whet test confirmed diagnosis? Was there an autopsy?
I I	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country) 16. BIRTHPLACE (city or town) Till directe Co q	Mere did injury occur? Orman week med
	(Specify city or town, county and State)
17. INFORMANT Miss Adels Derger Comerachty Hope	Bublie, Lugh, way
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Struck by automobile
Place Pour frede Ma Date Jane 21, 19 3	Neture of Injury Company fracture of it leg & arm
19. UNDERTAKER C. H. Feele y Son	24. Was disease or injury In any way related to occupation of deceesed? 220
(Address) Brunnk, MA	If so, specify
20. FILED & June 1971 Wat the Child	(Signed) Do Allow M. D. (Address) Traderick Mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATI	H / ./	1		(11-6)	47
County Pre	derich			Registration Dist. No. 14	/
Village or City	(11	NDSt.,death occurred in a hospital or institution, give its NAME instead of street and the	
Length of residence in city	or town where death	occurred	3 1	ds. How long in U.S. if of foreign birth?yrsm	05d
2. FULL NAME	lara	6. 6	ashow	If U. S. Veteran, specify WAR	
(a) Residence: No	mt. au	(Usual place		St., Ward. If nonresident give city or town and	State
PERSONAL AND	STATISTICA	LPARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female W	Thile	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January (9 (Month) (Day)	, 1937 (Year)
 ia. If married, widowed, or divorce HUSBAND of (or) WIFE of 	ed		0	22. I HEREBY CERTIFY, That I attended	
5. DATE OF BIRTH (month, day,	and year) An an	, a	1857	1 last saw h 12 alive on 1937, to go 20, 1937	, 19. 7 ./
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 2:00 Pm.	
80	0	10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or part kind of work done, as	SPINNER, 1/	M 0 -	/	1 Shew 1	-
SAWYER, BODKKEEPE			-/	July 2000 you	
9. Industry or business in work was done, as SII SAW MILL, BANK, etc.	LK MILL,				-
kind of work done, as SAWYER, BODKKEEPI 9. Industry or business in v work was done, as SII SAW MILL, BANK, etc 10. Date deceased last worke this occupation (montly	ed at	spe	ime (years) nt in this upation		
12. BIRTHPLACE (city or town)	Fred	, ./	Co.	Dther Contributory Causes of Importance:	
(State or country)		ma	/	are and debilety	
13. NAME	Jacob	Cas	hour		
13. NAME 14. BIRTHPLACE (city or town (State or country)	n) I	ederie	h Co	Name of operation Date of What test confirmed diagnosis? Was there an a	outoneu?
15. MAIDEN NAME	Cetter	ne 71	2	23. If death was due to external causes (VIOLENCE) fill In also the following	
		rederi	inneces	Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town (State or country)	n)	necon	de so	Where did injury occur?	, 4
17. INFORMANT MASS. (Address)	Cleme	tine	Haines	(Specify city or town, county and Stat Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REI	MOVAL Carreles	Date For	2.2/ 1937	Manner of injury	
19. UNDERTAKER	m Wa	ltz		Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	
(Address)	1/ soulces	W/m		If so, specify	

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THEFTYED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 2 1007	July 5,1927	Perilonitis	3 days ago
	BUMPAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CE	RTIFICATE	OF D	DEATH
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-70
County I reserved with the corpora	Registration Dist. No.
Village or City I redered	No. / 48 W South St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 47 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME nettre Elizabeth Ch	ew If it S. Veteran, specify WAR Zone
(a) Residence: No. 148 W. Awilla St. Tur. (Usual place of abode) Fire	St., Ward. Mannersident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Servall 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a If married widowed or divorced	(Month)/ (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Llarse L. Chew	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Suly 30, 1869	Wast saw h L.V. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
69 5 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	la brania my rarditi.
9. Industry or business in which	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occumation (month and	There dilatolion of heart.
10. Date deceased last worked at this occupation (month and 1934) spent in this occupation occupation.	- Vocasia Vi
A. a. a.	Other Contributory Causes of importance:
(State or country) Teldered Co., Med.	
13. NAME James Ely	
13. NAME James & Ly 14. BIRTHPLACE (city or town) Stallerisk),	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Moertha my ers	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) & election	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Fresh Co Mid.	Where did injury occur?
17. INFORMANT George To. Thew (Address) Fredrica Medi	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Met O livel Courter Date 1/28 , 1937	Nature of Injury
19. UNDERTAKER C. E. Cleine & Some (Address) I be Seriegh Mind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9 - Jane, 1939 1 Bro John Carly Registrar.	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis FEB 5 7007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	APPENDED FOR SERVICE	1 year
TEGE BS NAC			

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	<u></u>	
County Trederick)	Registration Dist. No. 153	
Village or City Walkersville,	NoSt,W	/ard
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	de
2. FULL NAME Parline Virgi Ma	ande Comment	_03.
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer) (Yeer))
5a. If merried, widowed, or divorced HUSBAND of Shill (or) WIFE	22. I HEREBY CERTIFY, Thet I attended decessed f	-
6. DATE OF BIRTH (month, day, and year) Since 19, 1927	I lest sew h alive on 24, 1937; deeth is	,
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at 5.0m.	
4 6 26 1day, - hrs. or min.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:	nant .
8. Trede, profession, or particular kind of work done, es SPINNER, Schurf gul	Date vivi	
SAWYER, BOOKKEEPER, etc.	Mutual Stenance	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	193	25
O 10. Date deceased lest worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) (Stete or country)	Other Centributery Causes of Importance:	
13. NAME Murray Coraver)		
14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?	0
15. MAIDEN NAME INGRE YMENLEN	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:	7-0
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19	
(State or country) FUNRO , CO,	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (MANAY (NAVEN) (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Place Miny Mel Dete July 1927	Neture of injury	
19. UNDERTAKER DISCOUNTE MA.	24. Wes disease or injury In any way releted to occupation of deceased? Zeo	
20. FILED an, 16, 137, P. Ward Stanffer	(Address) Frederick, Ind	M. D.
If more blanks are needed, address Sidle Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.-

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	463
1. PLACE OF DEATH	1	940	n
County Nedlensel		Registration Dist. No.	/
Village or City Olane	Town	No. St.,	Ward
Length of residence in city or town when	-) -)	f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrst	
2. FULL NAME	J. Medries	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	Ward. If nonresident give city or town an	nd State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sth. (Month) (Dey)	, 193.7
5a. If married, widowed, or diverged HUSBAND of (er) WIFE of	M. Vietrich	22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, end year)	neuch 9,1888	last saw h	b ; death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, et 10:15 75 m.	
48 9	25 - 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Telia	Influenza	Sec 2
SAWYER, BOOKKEEPER, etc	1 Wemmen		1136
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	3+ U. O. U.	The carrie	1/1/2/19
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (years) spent in this goccupation		jano (1
12. BIRTHPLACE (city or town) (State or country)	anoll Co not	Other Contributory Causes of importance:	
13, NAME O Trellers	J. Dietrich		
14. BIRTHPLACE (city or town) (State or country)	md.	Name of operation Date of What test confirmed diagnosis? Was there an	autopsy? No
15. MAIDEN NAME // MUNICIPAL 16. BIRTHPLACE (city or town)	la Hyast	23. If death was due to externel causes (ViOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)	, , , , , , , , , , , , , , , , , , ,	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT/Mus - Estella	M. Detrich.	Where did injury occur?	ate) LACE.
(Address) TP. D. M.J.	lini mid.		
18. BURIAL, CREMATION, OR REMOVAL PIECE PROPERTY AND ANALYSIST ANALYSIST AND ANALYSIST AND ANALYSIST AND ANALYSIST AND ANALYSIST ANALYSIST AND ANALYSIST AND ANALYSIST AND ANALYSIST ANA	Centre Just 9 157	Manner of injury	
19. UNDERTAKER	Walter	24. Was disease or injury in any way related to occupation of deceased?	Na
20. FILED Jan 8 , 1936 as	chleg R Melesund	(Signed) Crueck P. Rook (Address) New Warket V	ud
//	Registrar.	(Audress)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 4	3 days ago
		10, 11	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

1. PLACE OF DEATH .	Within-the Gorpor	107-a)	131.
County Trederic	The Williams	Registration Dist. No.	101-
Village or City Trede	riell (11	Noticative a Cert Houselast S death occurred in a hospital of institution, give its NAME instead of street	t.,Wa
Length of residence In city or town where d	leath occurredyrsmos	How long in U.S. if of foreign birth?yrs	mos
2. FULL NAME Soll-	Mr. Chas M	anty INUS. Veteran, specify WAR 20/1	neleran
(a) Residence: No.	(Usual place of abode)	illst, Que. Ward.	vn and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 2 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	77
male waite	Livoued	(Month) (Day)	, 193 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WHFE of	Wilson.	22. I HEREBY CERTIFY, That I att	ended deceesed fr
6. DATE OF BIRTH (month, day, and yeer)	20 1 (unlergon 7 1876	1.1	3.7; death is s
7. AGE Yeers Months	Days If LESS than	to have occurred on the date stated above, et 8.1. 45A.m.	/
60 3	lenkluce ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housen ch.	12	
SAWYER, BOOKKEEPER, etc.	Western U offer	Myseard a muffice	7 1 wek
work wes done, as SILK MILL, SAW MILL, BANK, etc.	tered	(1. + Dilatita / Nearl	1 wax
10. Date deceased last worked et this occupation (month and year)	o II. Totel time (years) spent in this 40 occupetion	your si a man of their	
12. BIRTHPLACE (city or town)	lenele	Other Contributory Causes of importance:	
(State or country) Many	land	Torondo . / hummana	3 da
13. NAME Terrish.	H. Doll		
4 14. BIRTHPLACE (city or town)	edeik	Name of operation	e of
(State of country)	nyland	What test confirmed diagnosis? Was the	re an autopsy?
15. MAIDEN NAME	a agle	23. If deeth was due to external causes (VIOLENCE) fill in also the fo	llowing:
16, BIRTHPLACE (city or town) (State or country)	duck	Accident, suicide, or homicide? Date of injury_	, 19
(State of county)	Jany Kand	Where did injury occur? (Specify city or town, county a	nd State)
17. INFORMANT faces (Address)	nich ma	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Places of folia and	Dete / /6 ,193/	Nature of injury	
19. UNDERTAKER Herry C (Address)	Carty Cer	24. Was disease or injury in any wey related to occupation of decease	ed? ho
20. FILED 4 January, 1937-	April 12	(Signed) A. Gustin Cease	f
	Registrar.	(Address) Tudens (hd.
If more	blanks are needed, address Slate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Arteriosclerosis FEB 5 1937	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Beganning or an analysis of the second of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Land of the second seco			Пететт

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

N. B.—WRITE PLAINLY

STATE OF MARYLAND-CERTIFICATE OF DEATH

A	1	0		
4	t)	0)

1. PLACE OF DEATH	943
County I rederied	Registration Dist. No. 140
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U. S. if of foreign birth?yrsmosd
2. FULL NAME Pussell Juy Cone (a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Z , 193 ? (Month) (Oay) (Year)
Sa. If marries widowed, or divorced HUSBARD of (or) WIFE of Standard Oct. 7, 1877 6. DATE OF BIRTH (month, day, and year) Oct. 7, 1877 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Source to SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oats deceased last worked et this occupation (month and year) 11. Total time (years) spant in this year) 12. BIRTHPLACE (city or town) (State or country)	22. I HEREBY CERTIFY. That I attended deceased from Sec. 3 1, 19.36, to Jon 2, 19.32. I last saw h in alive on Jon 2, 19.36; deeth is said to have occurred on the date stated above, at 3.40A.m.
13. NAME about Cickelbuger 14. BIRTHPLACE (city or town) (State or country) Perman	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elava Y. Spels 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Mrs. 49. Lichelbrager (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Ite. Gemente Jan 4, 1937	Manner of injury
19. UNDERTAKER Powell & albaugh (Address) 2 Voods boro 744.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO Jan 2 , 1937 L Registrar.	(Signed) M. (Address) Walkers wille, What,

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The second section of the second section of the second section of the second section of the sect		_ \		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		·		

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH COUNTY Village or City or two where death occurred. (If death occurred in a homist or institution, give in NAME instead of steet and number) Length of residence in city or town where death occurred. (If death occurred in a homist of institution, give in NAME instead of steet and number) Length of residence in city or town where death occurred. (If death occurred in a homist of institution, give in NAME instead of steet and number) Length of residence in city or town where death occurred. (If death occurred in a homist of institution, give in NAME instead of steet and number) (If death occurred in a homist of institution, give in NAME instead of steet and number) (If death occurred in a homist of institution, give in NAME instead of steet and number) (If death occurred in a homist of institution, give in NAME instead of steet and number) (If death occurred in a homist of institution, give in NAME instead of steet and number) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 1. DATE OF BIRTH (Month) (Name) (In DATE OF BIRTH (Mont	STATE OF MARYLAND—	CERTIFICATE OF DEATH 467
Village or City Length g/rasplence in city or town where death occurred. O.yrs. mos	1. PLACE OF DEATH	9400
Langth of residence in city or town where death occurred C.yrs	0 1 221/6	Registration Dist. No. / D
Length priesidence in city or town where death occurred by yes and seed of the control of the co	Village or City	
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 7. SEX 1. COLOGO OR BANK 1. S. SIMOZ. MARRIED, WIDOWER, Or OR Overced 1. DATE OF DEATH 1. DATE		
PERSONAL AND STATISTICAL PARTICULARS ### MEDICAL CERTIFICATE OF DEATH ### MEDICAL CERTIFICATE OF DEATH ### DATE OF DEATH ##	2. FULL NAME DUTELLA TOMPLAN	16 grinass, 02 1
1. DATE OF DEATH OBOUTONES S. SIMPLE S.		
193		
6. DATE OF BIRTH (month, day, and years) 7. AGE Years Months Buys 1 It ESS that 1 day,	Take Thur Oil Growing the word)	Emuon 19354
7. AGE Years Months Days 1 In Less than 1 day,	HUSBAND of Cory WIFE of Ca Grundor	22. I HEREBY CERTIFY. Thet I attended deceased from 197, to 193
1 dey,		I last saw h ;; deeth is said
8. Trade, profession, or particular and the profession of particular and the pa	5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hamilton 19. UNDERTAKER 19	8 Trade profession or particular	(1ha (C.
Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hamilton 19. UNDERTAKER 19	9. Industry or business in which	(Jao V (MIN)
Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hamilton 19. UNDERTAKER 19	work was done, as SILK MILL, ALL ON SAW MILL, BANK, etc.	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hamilton 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED AMA 11. Place Hamilton 12. Other Contributory Causes of importance: Neme of operation What test confirmed diagnosis? Wes there an autopsy? 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Menner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way releted to occupation of deceased? 16. Signed) Address) Address) Address Ad	10. Date decease list worked et this occupation (month and year) spent in this occupation occupation	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place Hamilton Va Date Jan 10, 19.37 19. UNDERTAKER (Address) 18. BURIAL, CREMATION OR REMOVAL 19. M. Date Jan 10, 19.37 19. UNDERTAKER (Address) 18. BURIAL, CREMATION OR REMOVAL 19. M. Date Jan 10, 19. Merce did injury occurred in light or town, county and State) 19. UNDERTAKER (Address) 18. BURIAL, CREMATION OR REMOVAL 19. UNDERTAKER (Address) 18. BURIAL, CREMATION OR REMOVAL 19. M. Date Jan 10, 19. M. Date Jan 1	11 1 1 1 1 1 1 1	Other Contributory Causes of importance:
What test confirmed diagnosis? Wes there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, OR REMOVAL Place Hamulton (Address) 19. UNDERTAKER 19. Clechsory (Address) 20. FILED 20. FILED 21. Maiden Name (Signed) 22. Wes there an autopsy? 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homlcide? Date of injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER Registrar. Address)	(State or country)	
What test confirmed diagnosis? Wes there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, OR REMOVAL Place Hamulton (Address) 19. UNDERTAKER 19. Clechsory (Address) 20. FILED 20. FILED 21. Maiden Name (Signed) 22. Wes there an autopsy? 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homlcide? Date of injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNDERTAKER Registrar. Address)	II 13. NAMES IN TO COMMON!	
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17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hamilton (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Address) (Address)	(State of country)	What test confirmed diegnosls? Wes there an autopsy?
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17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hamilton (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Address) (Address)	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide?, Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hamulton Date Date On 19 37 Nature of injury (Address) 19. UNDERTAKER (Address) The desick, md. 20. FILED (Signed) Address) Address) Address) Address) Address) Address) Address) Address) Address)	(State or country)	Where did injury occur?
Place Hamilton Va Date Jan 10, 1937. 19. UNDERTAKER M. R. Etchisory & Sow (Address) Fre Levick, Md. 20. FILED Law 9, 1937. 20. FILED Law 9, 1937. 21. Was disease or injury in any way releted to occupation of deceased? Mr. D. (Signed). (Signed). Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER M. R. Etchisory of Sow (Address) Frederick, md. 20. FILED Lu. 9. 1937 (Signed) (Signed) (Signed) (Address)	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
(Address) Fre derick, Md. 20. FILED AM P., 1937. Registrar. If so, specify S. (Signed). Address) Address) Address) Address) Address) Address) Address) Address)	Place Mamilton Va Date gan 10, 193/	Nature of injury
20. FILED LU 9 , 1937 Confined (Signed) Address) Address) Address) Address)		
Registrar. (Address) A Company Will Company	20. FILED Que P. 1937 Of De Curbnan	(Signed) AM A M.D.
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Example I	w _y	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TER A 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
WINEAU Y. D.	1		
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

RGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage FEB 5 1937	July 5,1927	Peritonitis	3 days ago		
SURPAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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1 PLACE OF DEATH		93-70	
County Aread	eesel	Registration Dist. No. /	4
Village or City	-	No. St	Ward
1		death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in city or town where deeth occ	urredycsmos	ds. How long In U.S. if of foreign birth?yrs	.mosds.
2. FULL NAME Susan 6	lisabeth (reller	
(a) Residence: No.	150P . 1	St., Ward.	
The state of the s	sual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIYORCED (write the word)	21. DATE OF DEATH	-
Therese Phile	Marriel	(Month) (Dey)	, 193 (Year)
5a. If married, widewed, or diverced HUSBAND of		0	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(or) WIFE of Tushman	Callan	1 HEREBY CERTIFY, Thet I attende	ed deceased from
And :	Marie Lander	100 1, to Jan 1	, 19_,2/_
6. DATE OF BIRTH (month, day, and yeer)	144 1818		∠_; death is sald
7. AGE Years Months	Days If LESS then I day,hrs.	to have occurred on the date stated above, at	
18 10	25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
8. Trade, profession, or particuler kind of work done, as SPINNER,			
SAWYER, BOOKKEEPER, etc.	teresouph	Chronic Myorandetis	1934
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	1		
	I Total time (veste)	700000000000000000000000000000000000000	
this occupation (month and yeer)	II. Totel time (years) spant in this occupetion		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ve repetion seems	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (State or country)	·		
	fand	Demlity	
13. NAME Willeam The	Kinsick		
14. BIRTHPLACE (city or town)		Name of operation Dete of	
(Stele of country)	yeary	What test confirmed diagnosis? Wes there a	n autopsy?
15. MAIOEN NAME Eliga	lohen	23. If deeth was due to externel causes (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town)	- f f	Accident, suicide, or homicide? Dete of Injury	, 19
(State or country)	Juna	Where did injury occur?	
17. INFORMANT Jus Marthy Sy	ank	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
(Address) Thu	smort-	-	
18. BURIAL, CREMATION, OR REMOVAL	/	Manner of injury	
Place U. B. Camalay Ilmont Dete	fam 114, 1937	Nature of injury	
19. UNDERTAKER Stillhide &	Angener	24. Wes disease or injury in eny wey releted to occupation of deceesed?_	no-
(Address)	- Lucky	If so, specify	
Jan 11 37 /	mi (2001	(Signed) James & Fray	мп
20. FILED 79794	Registrar,	(Address) hermout	med.
1	ALL ALL STATES		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
5.8.A. V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
, w. A.				

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

1. PLACE OF DEAT	2			<u> </u>)
County Free	Lesses	<		Registration Dist. No. / 4	40
Village or City	as W	vodsl	0.0	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Wa
Length of residence in cit	y or town where d	eath occurred		death occurred in a norpital or institution, give its INAIVIE instead or street and	
2. FULL NAME	I in	v 7	leans		
(a) Residence: No.		continue.	- Top C	St. Ward.	
(a) Residence. No		(Usual place	of abode)	If nonresident give city or town ar	nd State
PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
7	OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 / (Year)
5e. If married, widowed, or divo HUSBAND of (or) WIFE of	ced			22. I HEREBY CERTIFY, That I ettende	d deceased fr
	0	/		1937, to James	, 19.3
6. DATE OF BIRTH (month, day		w.2/,/	937	I last saw h	; death Is sa
7. AGE Years	Month's	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1 2 2 4
8. Trade, profession, or pa	rticuler	6		Ry ' A	Date of one
SAWYER, BOOKKEE	PER, etc.	non		All born	
work was done, es S	ILK MILL.				
10. Date deceased last wor	ked et		ime (years)		
уеаг)		000	upation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)	000	Deloro	,		
(State or country)	2 1/8	land		•	
H 13. NAMPLEONE	1, 500	eagle	1-3		
14. BIRTHPLACE city or to	wn) - 101	in Jen	7.5	Name of operation Date of	
œl. Va	12	Wast	7	What test confirmed diagnosis? Was there at 23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or to	The	rmon	-	Accident, suicide, or homicide? Date of injury	
(State or country)	mo	uglan)	Where did injury occur?	
17. INFORMANT Ges, (Address)	9. Fle	agle	and,	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	tale) PLACE.
18. BURIAL, CREATATION, OR R	EMOVAL	1		Manner of injury	
Place NUSY	2000	Date_	~ 27, 1937	Nature of injury	
19. UNDERTAKER 27. (Address)	L- 6	reages	ff on	24. Was disease or injury in any way related to occupation of deceased?	20
20. FILED 22 22,	conce	may be	MA CO	(Signed) Edlagolf Delley	M

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EW STATE	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			THE COLUMN	

state

4	1	1	1	
A	3			

1. PLACE OF	DEAT	Н			47-00	
		Frede	rick,		Registration Dist. No. 139)
Village or City	y ence in city	State	Sanator	rium, Md. (II	No. St., death occurred in a hospital or institution, give its NAME instead of street and 13 ds. How long in U.S. if of foralgn birth? yrs	ward number)
					If U. S. Veteran, specify WAR	
(a) Residence					Orge CO. Ward. Naryland. If nonresident give city or town an	
PERSONA	LAND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male	W	or race	5. SINGLE, MAR OR DIVORCE Sin	RfED, WfDOWED, D (write the word) g 10	21. DATE OF DEATH January (Month) (Day)	., 193
5a. If married, widowed HUSBAND of (or) WIFE of	d, or divor	cad			22. I HEREBY CERTIFY, That I attended Dec. 26	1937
6. DATE OF BIRTH (m			August		I last saw h. i.m. alive on Jan. 9 ,19.3	_; death is sald
7. AGE Years		Months	Days 24	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	51	4	44	ormin.	wera as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc				er	Scirrhus Carcinoma of Lung	
10. Data deceased this occupa year)	last work	ed at	35 11. Total ti	ime (years) nt in this OYrs upation 40Yrs	Other Contributory Causes of importance;	
12. BIRTHPLACE (city						
(Stata or countr			Maryla		Lung Abcesses	
13. NAME		Franz F	riedric	h		
14. BIRTHPLACE ((Stete or co		/n)	Germa	ny	Name of operation Date of Whet test confirmed diagnosis? Was thera an	
15. MAIDEN NAM	E	Anna	Werhaus	en	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
15. MAIDEN NAME Anna Werhausen 16. BIRTHPLACE (city or town) (State or country) Germany				ny	Accident, sulcide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT George Friedrich (Address) Riverdale, Md					(Specify city or town, county and St. Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMATIC	ON, OR RE	MOVALP G	Co. Md	121937	Manner of Injury	
19. UNDERTAKER (Address) 20. FILED.	27.,19		ader yt Md	Resistrar	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)	

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S OFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 471
1. PLACE OF DEATH	
County Inederick	Registration Dist. No.
Village or City Inchesich City ?	Valepital St., Ward
Length ot residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. it of foreign birth?
2. FULL NAME Baby Bay Frye	If U. S. Veteran, specify WAR_ USUE
(a) Residence: No. Southwill Da. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1.15	dead 35, to Jan 18, 195
6. DATE OF BIRTH (month, day, and year) /- /8- 37- 7. AGE Years Months Days ALESS than	I list saw h 24 affice on 18 , 195); death is said
1 dates hes	to have occurred on the date stated above, at
8. Trade, protession, or particular	Date of onest
Nade, processing, or particular forms wind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Till 2000
9. Industry or business in which	3
Kind ot work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Inclesich City Hosp	Other Contributory Causes of importance
(State or country) Irederick, my	Mal formation.
I 13. NAME Clark It I Inge -	
13. NAME Clash A. Frie - 14. BIRTHPLACE (city or town) Southwilly Va - (State or country)	Name of operation. Work Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Norma Brown	23. If death was due to external causes (VIDL ENCE) fill in also the following:
[State or country] [State or country]	Accident, suicide, or homicide?
CO 1 21 7	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Class (Address) Loyeltonlle, Va.	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Sultante, V. Date 17- Jan., 192	Nature of injury
19. UNDERTAKER J. S. Dailayt	24. Was disease or injury in any way related to occupation of deceased? 240
(Address) Brunowick hid.	It so, specity
20. FILED 19- Var. 137. Tra Lus ander	(Signed) W. Parantugle M. D.
Registrar.	(Address) Houelbuckle Us

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage FEB 5 July 5.1927 Peritonitis 3 days ago 50 8 - AU V. 5. Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF	MARYLAND—CERTIFICATE OF DEATH	

1. PLACE	OF DEATH	. /		50	11/4
County	Ireder	es		Registration Dist. N	0. 140
Village or	r City 2 Vood	storo	(If	No. death occurred in a hospital or institution, give its NAME instead	St., Ward
Length of r	residence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?y	rsds.
2. FULL N	IAME Caroling	Elisas	reth le	ilbert	
	lence: No.			St., Ward.	
PERSO	NIAL AND CTATICT	(Usual place of		If nonresident give city	
	NAL AND STATIST			MEDICAL CERTIFICATE OF	DEATH
J. SEX	4. COLOR OR RACE	5. SINGLE, MARI	(write the word)	21. DATE OF DEATH Jan. 2	(av) 193 / Yeer)
5a. If married, wid HUSBAND of	dowed, or divorced				
(or) WIFE of				22. I HEREBY CERTIFY, The	it I ettended deceased from
		7 0	4 - 11 - 12 - 1	eug. 20- 1930, to Jan	19.3/
	'H (month, day, end year)	teb. 17.	1848	I last saw her alive on Jane 1	, 19.3-7; death is said
7. AGE	Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 121. A.m	
	88 10	15	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of im were as follows:	1
2 8. Trede, pro	ofession, or particular		1		Date of one of
SAWY 9. Industry of work of SAWY 10. Date dece	of work done, as SPINNER, ER, BOOKKEEPER, etc.	Fourse	work	Cancer of left 13)	10xx 740
9. Industry o	or business in which	and the second	P		
SAW	was done, es SILK MILL, MILL, BANK, etc	non	nome		
O 10. Date dece	eased last worked at coupation (month and	11. Total ti	ma (years)		
year)	XIII.	724 occu	pation Tys		
12 DIDTUDIACE	(city or town)			Other Cautributary Causes of importanca:	
(Stata or c		md.			
13, NAME	minh	0 34.0	los . 5		
13. NAME 14. BIRTHPLA	Micha		v cuj		
14. BIRTHPLA	ACE (city or town)		nail	Name of operation	Data of
(State	or country)		1400	What test confirmed diagnosis?	Was thera an autopsy?
15. MAIDEN I	NAME Margo	ner S	oous	23. If death was due to external causes (VIOLENCE) fill in also	the following:
6 16. BIRTHPLA	ACE (city or town)			Accident, sulcide, or homicide? Date of	Injury
∑ (Stete	or country)	myd		Where did injury occur?	
	Present on a	8 egi	lbrat	(Specify city or town, c Specify whether injury occurred in INDUSTRY, in HOME, or	ounty and State)
17. INFORMANT 2.	1 2 Mond	of the same	rud	aposity another injury decerted in the corner, in the inc., of	III ODEIO I ENGL.
	IATION, OR REMOVAL		-701	Manner of injury	
Place 24	t. Fore Ger	- Date Icu	4 1937	Manner of injury	
	13 00	-000	0	Nature of injury	
19. UNDERTAKER	Towell y	alla	ugh	24. Was diseese or injury In any way related to occupation of	deceased?
(Address)	Modsby	no.	1 myd.	If so, specify	1
20. FILED Las	2 1937 S	- CX	200	(Signed) O! U. e) tulk	3 M. D
1			Registrar.	(Address) Woodsbard	2 /101

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 50 3 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLA	AND—CERTIFICATE OF DEATH 473
1. PLACE OF DEATH	
County Frederick	Route #40 Registration Dist. No.
Village or City Near Frederick	No. Nat. Highway For Fred ! Ist. Ward
Length of residence In city or town where death occurred	(If death occurred in a hospital or institution, give its NOME instead of street and number) smosds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME LUCY Haller Gosnel	
	No War Veteran
(a) Residence: No. 321 S. Market	de) The Agrack Wards of the If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED,	WIDOWED, 21. DATE OF DEATH
Female White OR DIVORCED (with	(Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of	M 1 115 5 5 7 4 5 5 5 7 1 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(or) WIFE of Ralph McK. Gosnell	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) May 13	900 I last saw h alive on 19 ; death is sai
	If LESS than to heve occurred on the date stated above, at 9 P.m.
	ay,hrs. The PRINCIPAL CAUSE OF DEATH and related ceusos of importance were as follows:
8 Trade profession or particular	Data of onset
kind of work done, es SPINNER, Housework SAWYER, BOOKKEEPER, etc	Fractured Skull and
kind of work done, es SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc HOUSEWORK 9. Industry or business in which work wes done, es SILK MILL, At Home SAW MILL, BANK, etc At Home 10. Date deceased last worked at 11. Total time (ye	Concassion of the brain. 1/17/3
3 SAW MILL, BANK, etc	eers) and Toft arm off
10. Date deceased last worked at this occupetion (month end 257 spent in the occupation)	nis 20
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) Maryland	
13. NAME George W. Haller	
13. NAME George W. Haller 14. BIRTHPLACE (city or town)	Neme of operation
(State of conucts)	What test confirmed diegnosis?
15. MAIDEN NAME Nettie Phelps 16. BIRTHPLACE (city or town) Maryland	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hary Land	Accident, suicide, or homicide? ACCIDENT. Date of Injury Jan 17-, 1922.
-1 (State of County)	Where did injury occur? 12 12 12 12 11 11 11 11 12 17 17 17 17 17 17 17 17 17 17 17 17 17
17. INFORMANT Mrs. William Niller	Specify whether Injury occurred In INDUSTRY in HOME, or In PUBLIC PLACE.
(Address) Silver Springs, Md. 18. BURIAL, CREMATION, OR REMOVAL Mt. Olive, t Ce	emetery Manner of Injury Automobile Collesion,
Place Frederick, Md. Date 1/20,	Nature of Injury Fractured SRUII na Concussion
N P Wholison & Con	24. Wes disease or Injury In eny wey related to occupation of decessed.
19. UNDERTAKER Frederick, Maryland	If so, specify
2 () () () () () () ()	(Signed) M. J. Shandson M. I
20. FILEDO - Jan., 1937: Sie J. M C.	Registrar (Address) 341 S. Maub S. Fiely & Med.
If more blanks are needed, address	State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 5 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
La Transition of the Parket of			
Other contributory causes of importance:	7 /	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

ż

Exact statement of OCCUPA-

SIAIL OF MARTENIA	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	92-01
County Frederick	Registration Dist. No.
	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME DETTES Olever &	reen
(a) Residence: No. The Carlo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH fan, 14 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Jim If Green	22. I HEREBY CERTIFY, That I attended deceased from 1927, 1927
6. DATE OF BIRTH (month, day, and year) 1866 10 20. 3 day	I last saw h 2 alive on 134, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 3 // Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and selated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebral Fumorrhage 1/12/37
SAWYER, BDDKKEEPER, etc.	Chronic Dudocadella /93/a
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) As any family (State or country)	Other Contributory Engage of importance: Directive accus tousellites 12/3/31
13. NAME Geden Homen	- Outstand
13. NAME Gedeone Stooner 14. BIRTHPLACE (city or town) - FA-arry Canal (State or country)	Name of operation Date of What test confirmed diagnosis A Lay A Lay Was there an au'opsy?
E 15. MAIDEN NAME & COMMING MOINS	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide?
17. INFORMANT Stilliam R. Green (Address) Grace Ram	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Sham. Joan. 16. 1937	Manner of injury
19. UNDERTAKER Willhidu & Careeger (Address)	24. Was disease or injury In any way related to occupation of deceased? 11 of so, specify
20. FILED Jan, 15-, 1937 linea M. Pouls	(Signed) Morry USerely M. P. (Address) Character M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- Control of the Cont		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

*	A PERMANENT REARD. Every item of inforted EXACTLY. PHYSICIANS should state perly classified. Exact statement of OCCUPA-
	Every SICIANS atement
	Y. PHYS Exact st
R BINDING	A PERMANENT ted EXACTL perly classified.
R BI	A PER ted E

STATE OF MARYLAND—CERTIFICATE OF D	EATH
------------------------------------	------

1. PLACE OF DEATH	(97)
/ County Frederick	Registration Dist. No. / 3 5
/ Village or City Pleasant Walk	No. St., Ward
/ (It	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residance in city or town whera death occurredyrsmos	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Sarah Unn Sophi	a Green
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jane 2 193 7
ba. If marriad, widowed, or divorced	. (Month) (Day) (Mear)
(or) WIFE of Edward Green	22. I HEREBY CERTIFY, That I attanded daceased from 19
6. DATE OF BIRTH (month, day, and yaer) 4-4-1846	I last saw h alive on, 19; death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated abova, at 40. P.m.
90 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done as SPINNER	Date of onsat
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceasad last workad at this occupation (month and	Deed without med-
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	real allestion
10. Date deceased last worked at 11, Total time (years)	Suffored Cause with -
this occupation (month and spent in this yaar) occupation	Sepresis Old age
12. BIRTHPLACE (city or town) Fred log. (State or country)	Othar Coutributory Causes of Importance:
13. NAME Joseph Hoffman 14. BIRTHPLACE (city or town) Fred. 60.	Name of operation Oate of
(Stata or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Myerswille	Accidant, suicide, or homicide? Date of Injury 19
State or country)	Where did Injury occur?
17. INFORMANT GROWNE Green (Address) Museum Marie Mari	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Pleasast Walk Date Jan 5 1987	Nature of Injury
6	
19. UNDERTAKER MALY FALLY (Address) Smith shows	24. Wes disease or Injury in any wey related to occupation of dacaased?
20. FILED Jane 5, 1937 Charles L. Leathern	(Signad) R V Hause M. D. (Addrass) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2. Usel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MINFAU V.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1111
A	106-01
County Trederick	Registration Dist. No. 145
Village or City has My esselle	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vrs mos	7 0
le de 1 0	
2. FULL NAME X7 Lendons Da	usy Grossnickly
(a) Residence: No. My land (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tennal White Sing (write the word)	17 193 7
5a. If married, widowed, or divorced	(Month) (Ddy) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
	DEC 20, 10 35, 10 / Du / 1 , 1937
6. DATE OF BIRTH (month, day, and year) Dec 20, 1935	I last saw h 2 alive on facy 17, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7. 30 Pm.
27 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	
O. Work was done as SILK MILL	Vaid 0,626/3
SAW MILL, BANK, etc	
U 10. Date deceased last worked at this occupation (month and year) occupation	
7 . A.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) No Myersville	40 m / m
(State or country) Fred. Co. md.	leuxurouy. Eleph'
13. NAME y lenn & rossnickle	The call has a lerie coll
14. BIRTHPLACE (city or town) M. Wolfsmile	Name of operation
(State or country) Gred. Co. Hand.	What test confirmed diagnosis? Was there an au'opsy? 40
15. MAIDEN NAME Co and deatherman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) W. Cleaton	Accident, suicide, or homicide? Date of injury 19
(State or country) Fred. C. Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Glenn. Grosnickle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) myersville md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Siessnickler Cemetrose Jan 18, 1937	Nature of injury
19. UNDERTAKER BITTLE BLOSS	24. Was disease or injury in any way related to occupation of deceased?
(Address) muernille ml	If so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
D' 1. V. Hawry he alleeoney dy weeder
Desd dan 17/37. Oh 2 A rue. Taken the
Without signing the Certificali Befor Ter well -
here the Marin por very Digwing it as
la Régistran. P. O. St et ducien

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1077
1. PLACE OF DEATH	(31)	2/
County Frederick	Registration Dist. No.) [
Village or City Marthures 5	Chergeny Docopp St.	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and nu.	
2. FULL NAME Charles H. Har	NOT. 9.7.7	
(a) Residence: No. Osurbittorella	med Ward Bread The Il. Dad	•
(Usual place of abode)	rederile Co If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	102 4
5a. If married, widowad, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Manager + Deutes	22. I HEREBY CERTIFY. That I attended do	eceased from
margaret person	Jan 15, 1937, to fan 28	/
6. DATE OF BIRTH (month, day, and year) 20 - years 15 LESS than	l last sawline alive on Jan 2 8 ,19 37;	death is said
13 /14 /2 1 day,hrs.	to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Date of onset
kind of work done, as SPINNER,		
9. Industry or business in which work was done, as SILK MILL.	Billalencen)	me 17
	Wienna !	3.7
O 10. Data daceased last worked at this occupation (month and year) this occupation coupation coupation coupation		
12. BIRTHPLACE (city or town) - Frederack 100.	Other Contributory Causes of importance:	
(State or country) Many Card	arlen selen es	1935
13. NAME subsection	Chronio parenty galaces	1935
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of Date of	
(State of country)	What test confirmed diagnosis? Was there an au	topsy? 22
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
Q+1 11 - 11	Where did injury occur? (Specify city or town, county and State))
17. INFORMANT AND ALEXANDER OF THE CARD	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	JE.
18. BURIAL, CREMATION, OR REMOVAD	Manner of injury	
marga feteroville Date 36- Jen , 1987	Nature of injury	
19. UNDERTAKER of thete to	24. Was disease or injury in any way related to occupation of decaasad?	0
(Address) municipality	If so, specify	
20. FILEO L 8	(Signed) Although The Secret 20	M. D.
If more blanks are needed, address State Registrar	(Address) The Medical Street Baltimore Representation (1) S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to refirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows -1915 Attack of epilepsy 1 week ago Arteriosclerosis 1921 Run over by street car 1 week ago Chronic interstitial nephritis July 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year Gallstones

V. S. No. 1 N. B.—

STATE	OF	MARYL	AND-	CERTI	FICA	TE	OF	DEA	T
JIMIL	VI	MIVILIE	עוור.	CLIVIII	ICA				1

STATE OF MARTLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(6.0)	
County Ise derick	Registration Dist. No. 144	7
	No. St., 'St., 'If death occurred in a hospital or institution, give its NAME instead of street and os. ds. How long in U.S. If of foreign birth? yrs. r	
M +. 1 / 1/	If U. S. Veteran, specify WAR	
Det 1		
(a) Residence: No. /// (Would place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (rupric the word)	21. DATE OF DEATH (Month) (Day)	., 193.
5a. If marriad, widowed, or divorced	(month) (bay)	(1eal)
HUSBAND of Cor WIFE of Louis P Haines	22. I HEREBY CERTIFY, Thet I ettended	d deceesed from
n 1967	2 3 ,19.3.7 , to Janay 2	6 19. 3.7
6. DATE OF BIRTH (month, day, end yeer) March 21, 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /// // A.m.	7.; deeth is seid
1. AGE Tears Months Days IT LESS than		
O Trade profession or particular	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Broncho - Bressmania	Jan 23
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked et this occupation (month and		1937
11. Total time (years) this occupation (month end year) spent in this occupation		
12. BIRTHPLACE (city or town) The deruit Co	Other Contributory Causes of Importance:	
(State or country) Medi	- any + influence	
13. NAME Jacob Cashour		
14. BIRTHPLACE (city or town) Trusturing Co.	Name of operation Dete of.	
(State of Country)	What tast confirmad diegnosis? Was thera an	autopsy?
15. MAIDEN NAME Catherine Runfalls	23. If deeth was due to externel ceuses (VIOLENCE) fill in etso the following	ng:
15. MATDEN NAME Catherine Rimbile 16. BIRTHPLACE (city or town) Frederick Co.	Accident, suicide, or homicide? Dete of Injury	, 19
(Stete or country)	Whare did injury occur?	
17. INFORMANT Mrs. R. L. Jornes (Addrass) mt Geres	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Prospell Cemby Date Jan. 29, 1937	Neture of injury	******
19. UNDERTAKER C. M. Halts (Address) (Address)	24. Was disaase or injury In any way related to occupation of deceased?	
20. FILED Jan 28, 1937 Cholley Mulisunds	(Signed) Dr. M. S. Jeanse	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 2 1007	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. No. Comergen ey Tas Pistal
(If death pocurred in a horpital of institution, give as NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?_ Length of residence in city or town where death occurred U. S. Veteran, specify WAR ĈD. If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 卤 OR DIVORCED (quite the word) BINDING 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) certificate. 7. AGE Yeers Months If LESS than Davs to have occurred on the date 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. Date of onset 8. Trade, profession, or particular /
kind of work done, es SPINNER,
SAWYER, BDOKKEEPER, etc.___ OCCUPATION RESERVED may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased lest worked et 11. Total time (years) this occupation (month and spent in this that occupation_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) Name of operation_____ plain (State or country) efully What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation Nature of injury. LION 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Addiess) If so, specify 20. FILED LQ Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	*6	
	1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

FOR BINDING

ARGIN RESERVED

1. PLACE OF DEATH	980
County Treferick	Registration Dist. No. 139
Village of City Sabillasuelle	Ma Ma
Vinego of one	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsm	
2. FULL NAME Martin L. Harban	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward. Me war Octorau
(Usual place of abode)	If nonresident give city or Jown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / //
Weale white OR DIVORCED (write the word)	1 / 6 ,1972 7
5a. If married, widowed, or divorced	(Month) (Dey)
HUSBAND of Cuary) I fash.	22. I HEREBY CERTIFY, That I attended deceased from
a country of the country of	- 1-10 ,1930, to 1-16- ,193
6. DATE OF BIRTH (month, dey, and yeer) DC 14 1869	I last saw hand alive on
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete steted ebove, etm.
67 3 2 1 dey,hr	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:
8 Trade profession or particular	— Dats of onset
e kind of work done, es SPINNER, Jaruer	Courme Museur &
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked et	The state of the s
work wes done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Dete decesed lest worked et this occupation (month and 18/1/34) spent in this 3/1	,
year) occupetion	Att. 6 - Lill - Co
12. BIRTHPLACE (city or town) Fredericet Co.	Other Contributory Causes of Importence:
(State or country) und.	
13. NAME Carlton O. Harbauch	A . D
13. NAME Larlton J. Harbaugh 14. BIRTHPLACE (city or town).	Neme of operation Dete of .
(State or country) Warehoud	MINISTER STATE OF THE STATE OF
E IS. MAIDEN NAME	What test confirmed disphosis? Wes there an eutopsy?
	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19
711 2 8 110 0	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. M. a. Startanian	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, BERNATION OF REMOVAL FOREST AND SALE Va	
Piece of Josbos Lemeter Dete 1/19 193	Menner of Injury
1000	Neture of Injury.
19. UNDERTAKER Zu. J. Aluff	24. Was diseese or Injury In any way related to occupetion of deceesed?
(Address) Emulating Wel	If so, specify
20, FILED 1/17 137 6 C Steeld	(Signed) Myb
Registrar	- 10 LAMB WICKER STILLINGS AK

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	110	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage FEB 5 1937	July 5, 1927	Peritonitis	3 days ago
THE PAST V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	BEAL 1
Gallstones	May 1,1923	Gastroenteritis	1 year
			Name of the last



STATE OF MADVI AND CEDTIFICATE OF DEATH

451

1. PLACE OF DEATH	
County Frederick	Registration Dist. No. / 3 2
Village or City Middletown	M .
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?mosds.
2. FULL NAME 1 ay V. Haure	The state of the s
(a) Residence: No. /// ddlctonn. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A de A. COLOR OR RACE OR DIVORCED (write the word) A TYLE D	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Hauver	22. HEREBY CERTIFY, That I attended deceesed from
741194721	Jun 16 1937, to Jay 18 , 1937
6. DATE OF BIRTH (month, day, and year) Sept 17, 1874	I last saw h and alive on 1937; deeth is seid
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 320 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
62 4 1 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Phy Sician	Coronary occlusion 1/19/37
9. Industry or business In which	- Orteriorchionio
work was done, as SILK MILL, SAW MILL, BANK, etc	
yeer) Jan 1937 occupation O	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) YVOLJSVIIIe, Fred'K, Co	Only Sealines, Cares of Importance.
(State or country) Md.	
13. NAME William Hauver	
13. NAME William Hauver 14. BIRTHPLACE (city or town) Wolfs ville.	Neme of operation Dete of
(State of Country) /- Year Co. Md	What test confirmed diagnosis? Wes there en eulopsy?
15. MAIOEN NAME Lydia Stottlemyer 16. BIRTHPLACE (city or town) Nolfs ville	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Nolfs ville,	Accident, suicide, or homicide? Date of Injury, 19
(State or country) red'k.Co.Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Dr. ISIChard V. Hauver	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Reformed Cemeterybete Jan 20,1937	Neture of injury
19. UNDERTAKER Gladhill Go	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Middletom. Md	If so, specify
20. FILED Jan. 20, 1937. D. Frayson Sames Registrar.	(Signed) H. J. Porterfield M. D. (Address) Hazer to be defined.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - 2 5	1921	Run over by street car	1 wcek ago
Cerebral homorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County trederick	468
County Tredosedo	
	Registration Dist. No.
Village or City Frederick	No Peneryance Bossita O War
	If death occurred in a horpital of institution, give its NAME instead of street and number)
100.	os. ds. How long in U.S. If of foreign birth?
2. FULL NAME Cliver Joshua Ha	Spray The The retire
(a) Residence: No. 16 D. McGrkel St. Hisa (Usual place of abode)	effectives water and all
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	Jan 6 193 12
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of George S. Holl	22. 1 HEREBY CERTIFY. Thet i ettended deceesed from
10 to	1936, to Jan 6, 193;
6. DATE OF BIRTH (month, day, end year) UT 2, 1880	I lest saw h alive on
7. AGE Years 3 Months Deys if LESS then 1 day,hrs,	to heva occurred on the data stated ebova, etm.
26 7 9 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wera es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, Carbenda SAWYER, BOOKKEEPER, etc.	7
Industry or business in which	Carcinomica glever 1936
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked et this occupetion (month end / 9 3 4 11. Totel time (years) 262	
yeer)	
12. BIRTHPLACE (city or town) freducial Co	Other Coutributery Causes of importence:
(Steta or country) u.d.	
13. NAME (Oliver Hoffman 14. BIRTHPLACE (city or town). Trudinier	
14. BIRTHPLACE (city or town) 17 modernel Co	Neme of operation Data of
(Stete or country)	Whet test confirmed diegnosis? Was there en eulopsy
16. BIRTHPLACE (city or town) Track	23. If death wes due to axternel causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Trees Co	Accident, suicide, or homicida? Dete of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Miss agels furger Myuleun	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) The Berush Just. 18. BURIAL, GREMATION OR REMOVAL 6	
mex Hineste to 5	Menner of injury
Place Deje 19.2	Nature of injury
19. UNDERTAKER O COCCUOTOR	24. Was diseese or injury in any wey reletad to occupation of deceased?
(Address) frederick hed.	if so, specify
200	
20. FILED 7. Jon., 1937 are J. ha Carrely Registration	(Signed) M. D. (Address) Facility of Superior Su

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RESEASE V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDI	OITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

/	STATE C	F MAR	YLAND-	-CERTIFICATE OF DEATH 484		
1. PLACE OF DEATH				93-70		
County Frederick				Registration Dist. No.		
Village or City	Near Fr	ederick		No. R. A. D. TT: St., Wa		
Length of residence In	city or town where	deeth occurred		If death occurred in a hospital or institution, give its NAME instead of street and number) s		
2. FULL NAME.	Irs. Mar	y Elizal	oeth Horn	nan Wou, A. Veleran, specify WAR NONE		
(a) Residence: No.	Nr. Fre	derick, l (Usual place	(d. • of abode)	St., Ward Near Frederick If nonresident give city or town and State		
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
	or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 20, 1937 (Month) (Day) (Yeer)		
5a. If married, widowad, or di HUSBAND of (or) WIFE of		т Н. Но	rman	I HEREBY CERTIFY, That I attanded decaused from 1978, to 1970, 193		
6. DATE OF BIRTH (month, d	lav. and year) .T	anuary	19.1853	i (ast saw h. G.T. ellve on 193) 193 ; death is si		
7. AGE Yaars	Months	Days	if LESS than	to heve occurred on the data stated abova, at . V O.Pm. M.		
84. Trade, profassion, or kind of work done	0	1	ormin.	The PRINCIPAL CAUSE OF DEATH and related auses of importance were as follows:		
kind of work don's SAWYER, BOOKK! 9. Industry or business work was done, as SAW MILL, BANK 10. Data deceased last withis occupation (myaar)	s SILK MILL, A, atc	t Home 11. Total ti spa occur	ima (yaars) nt In this 55 upation 55	Other Contributory Causes of importance:		
(State or country)	Mary	land		Devalue a Cot.		
	ob Halle	r				
14. BIRTHPLACE (city or (State or country)	town)	aryland		Name of operation Date of What test confirmed diegnosis? Was there en aulopsy (V.)		
15. MAIDEN NAME	Sarah K	antner		23. If death was due to external causes (VIOLENCE) fill in elso the following:		
16. BIRTHPLACE (city or town) Maryland				Accident, sulcide, or homicide?		
17. INFORMANT URS. (Address) Nr.	John S Fre dd ri		on	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR Place Mt Ql	REMOVAL		a. 23,19.37	Manner of Injury		
19. UNDERTAKER H. A. [Addrass] Fire	R.Etchis	on & So Marylan	g	24. Was disease or injury in any way related to occupation of decaased?		
20 FILED 21: Trus	, 19 0 7 . 0		M. Curly Registrar.	(Signed) M (Addrass) M		
	If more	blanks are needed,	address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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NOIL

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIAN
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V. S. No. 1

X	item of infor-	should state	of OCCUPA-	
•	RECORD. Every	. PHYSICIANS	Exact statement	
D FOR BINDING	IS IS A PERMANENT RECORD. Every item of infor-	be stated EXACTLY. PHYSICIANS should state	be properly classified. Exact statement of OCCUPA-	f contificato
A	IS	pe	pe	4

. ,	redreh	/		Registration Dist. No.	//
Village or (city & orfield	<i>.</i>	(I	No. St., f death occurred in a horpital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?	and number)
Length of res	idence in city or town where	death occurred	yrsmo	ds. How long in U.S. if of foreign birth?yrs	mos
2. FULL NA	ME Claste	- Calo	in kuch	v	
(a) Resider	ice: No.			St., Ward.	- 1144
PERSON	IAL AND STATIST	(Usual plac		If nonresident give city or town	
3. SEX	AL AND STATIST			MEDICAL CERTIFICATE OF DEAT	Н
male	While	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193
HUSBAND of	ved, or divorced		0	22. I HEREBY CERTIFY, That 1 atten	
(or) WIFE of	Besse	e du	hw	Jan 9 1937 to Jan 11	, 194
6. DATE OF BIRTH	(month, day, and year)	um 8.	-1881		1. Z death
7. AGE Yea		Days	If LESS than	to have occurred on the date stated above, at 1.0. R. m.	and a double
-5-	5 7	3	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profe	ssion, or particular	4		100 43 101013.	Dateo
SAWYER	work done, as SPINNER, BOOKKEEPER, etc	tarm	eng	arterio Selerases	19
SAW MII	business in which s done, as SILK MILL, LL, BANK, etc		O	Chronic Indentitied Mofale	193
10. Date deceas	ed last worked at pation (month and	sp	time (years) ent in this 4		
	Je .i	-11 /	cupation	Other Contributory Causes of importance:	
(State or cou	ty or town)/_/	15	my.		
13. NAME	Denlin K	uhn			
14. BIRTHPLACE	(city or town) // Ne.	drich.	leountie	Name of operation Date	
(State or	country)	7-7		What test confirmed diagnosis? Was there	
15. MAIDEN NA	ME Referca	Lione	461	23. If death was due to external causes (VIOLENCE) fill in also the follo	
16. BIRTHPLACE	(city or town)	uch l	connlis	Accident, suicide, or homicide? Date of Injury	
(State or	country)	A		Where did injury occur?	
7. INFORMANT (Address)	Ralp K	uhn		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
8. BURIAL, CREMAT	TON OR REMOVAL	20		Manner of Injury	
Place_03_&	that dasmi	My Date - fran	very 13, 1937	Nature of injury	
19. UNDERTAKER (Address)	Smith Stur	ruf		24. Was disease or injury in any way related to occupation of deceased? If so, specify	
A		17/ 5.	4/ 1/	(Signed) DED) Cotaciones	

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Chronic interstitial nephritis 6 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 487
1. PLACE OF DE	e/0.0	uthin the l	Dersorate Unit	(210-m) Paristables Dist 11 13
County Free				Registration Dist. No.
Village or City	rrederick	-		No. Frederick City Hospitalst., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in	city or town where de	ath occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAMEM	iss. Bert	ha Mav	_	If U. S. Veteran, specify WAR none
(a) Residence: No.		bensi		. St., Ward. Walkersville, Md
		(Usual place	e of abode)	If nonresident give city or town and State
	ND STATISTIC			MEDICAL CERTIFICATE OF DEATH
	nite		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 2 3 , 193) (Month) (Day) (Year)
5a. If married, widowad, or di HUSBAND of (or) WIFE of	vorced			1 HEREBY CERTIFY, That I attended deceased from 15 1937 to June 2 3 1937
6. DATE OF BIRTH (month,	day, end year) Jul	y 21,	1867	I lest saw here alive on 23 - 201 - 1937; death is sain
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6 (10 C - m.
69	6	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or	particular			Dete of one of
SAWYER, BOOKK	all Lity officer	ousewo	rk	Judge.
9. Industry or businass work was dona, a SAW MILL, BANK	s SILK MILL.			Concussion & Brand puli
kind of work don SAWYER, BOOKK 9. Industry or businass work was dona, a SAW MILL, BANY 10. Date daceased last w this occupation year)	worked at 1/37		tima (years) 50 ent in this	
12. BIRTHPLACE (city or tow (State or country)	m) Emmitsb	urg		Other Coutributors Causerpf importance: The Chart Chart
13. NAME Chri	stian Lan	tz		July Jama Jolove
14. BIRTHPLACE (city or	Adams			Name of operation Dete of Dete of
(State of Country		Pa.		What test confirmed diagnosis?
15. MAIDEN NAME K	atherine	Shobel		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or	town) Adams	Co.		Accident, suicide, or homicide? Date of injury 13, 19.3
E (Stata or country)	Pa		Whera did injury occur? State Lightway walke
17. INFORMANT Mrs. (Address) Wal	.Emma K kersville	Lentz.	•	Specify whether Injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR			00 57	Mannar of Injury Edward by auto
	burg, Md.			Nature of injury Fractione Ribs Puncture Ter
19. UNDERTAKER M . R	. Etchisc	n & So	n	24. Was diseasa or injury in any way related to occupation of dacaasadise
(Address) Pre	derick, N	Id.		If so, specify
20. FILED 25 - Jan	1937, 2	a folu	F BC BC TFTBCA	(Signed) M. [
		(Registrar.	(Addrass) Are Sewellelly 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V. S. II			
The case where the case of the			
Other contributory causes of importance:		Other contributory causes of importance:	Section 1
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

N. B. WRITE PLAINLY,

V. S. No. 1

TION is very important.

See instructions on back of certificate.

item of infor-

444

SIAIL OF MAKILAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	in the town with
County / Proling Co.	Registration Pist. No. 131=
Village or City The last City	ND. Tre Deruk Coty O of total Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or fown whera death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME dewis, Mr. Film	of If U. S. Veteran, specify WAR to weterou
(a) Residence: ND. Lewis dele Mo. (Usual place of abode) may	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 193 7. (Year)
5a. If married, widowyth, or divorced	
(or) WIFE of Charles devis	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Left 17 1821	last sow h was alive on Jan 14 19 J 2 : death is sold
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 6 Am.
45 /0 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A
kind of work done, as SPINNER, Asperter Conhacts SAWYER, BDDKKEPPER, etc. 9. Industry or business in which work was done as SILK MILL	Meningila atra
Work was done, as SILK MILL, SAW MILL, BANK, etc	Jan.
SAW MILL, BANK, etc	Meningerne (:/. 0 8.
12. BIRTHPLACE (city or town) 2000 12 (Stata or county)	Dther Contributory Causes of importance:
NUL	Bruch : [present terminal]
1. 72	Name of according
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Clearies! Was there an autopsy?
15. MAIDEN NAME Mortha X andon	23, If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Months as a complete the state of the st	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CASA COLOR (Address) Lew Salate my	Specify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Lettersola in Date an 17, 19 3	Manner of Injury
19. UNDERTAKER Rof 20 Bayle (Address) Dailland	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 14 Jany, 1937: Tra Melurdy & Registrar.	(Signed) Court Tears M.D. (Address) Turking Med.

If more blanks are needed, address Sate Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 489
1. PLACE OF DEATH	92:02
County + reglisects	Registration Dist, No. 14(
Village or City Brunswick	No. St Ward
Length of residence in city or town where death occurred 4/ vrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Benjamin & f	2.0
ZI TOLL MAINE 1001 July	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR, RAGE OR DIVORCED (write the word)	21. DATE OF DEATH CALLEY 9 193 7
5a. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Call R. Farm	22. I HEREBUCERTIFY, That I attended deceased from
Oct 30. 1849	DE 1, 1936, to Jon 9, 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated bove, at 7 P. m.
87 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular P. (0 P P	were es follows:
kind of work done, as SPINNER, 13 + U.A. // . SAWYER, BOOKKEEPER, etc	Thirtal Mant of Ceaners
9 Industry or business in which work was done, as SILK MILL, Returned Malerial SAW MILL, BANK, etc.	
SAW MILL, BANK, etc. 11. Total time (years)	
this occupation (month end spent in this occupation year)	
1/ '	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	7/4
13. NAME WM Loren Esa.	12-1-3
E /./ 1.	Kint Kint
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mans E. Hurle	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary E. Hurdle 16. BIRTHPLACE (city or town) Vinguesa	Accident, suicide, or homicide2
State or country)	Where did injury occur?
17. INFORMANT M. K. Long M. (Address) Brunnet M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
PlaceBurkettsmls Md Dete Jan, 11, 19 37	Nature of injury/
19. UNDERTAKER (. H. Fritz & Son	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Brunwick, Mely	If so, specify
20, FILED MM. (1 1937 Mis 6/ 5- Trad or	(Signed) A Mules (O) (Ib) (W. D.
Registrar.	(Addless) - RA (A) - AAA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related confimportance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	S. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Description

STATE OF MARYLAND-CERTIFICATE OF DEATH

A	2	'n.	1	h	
19	4	8	1	7	
4	0	y	1	7	

2. FULL NAME Mildred Low (a) Residence: No. Point of Ro (Usu PERSONAL AND STATISTICAL P 3. SEX 14. COLOR OR RACE 5. SINGL	(I redyrs, 3mos ery Cks alplace of abode) ARTICULARS E. MARRIED, WIDOWED.	St., Ward. Point of Rocks If formedden give city or lown and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Day)	ds.
2. FULL NAME Mildred Low (a) Residence: No. Point of Ro (Usu PERSONAL AND STATISTICAL P 3. SEX 14. COLOR OR RACE 5. SINGL	red yrs, 3 mos CKS alplace of abode) ARTICULARS E. MARRIED, WIDOWED.	St., Ward. Property of Books. St., Ward. Property of Books. If admendent give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day)	ds.
2. FULL NAME Mildred Low (a) Residence: No. Point of Ro (Usu PERSONAL AND STATISTICAL P 3. SEX 14. COLOR OR RACE 5. SINGL	ery Cks alplace of abode) ARTICULARS E. MARRIED. WIDOWED.	St., Ward. Property of Books State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Day)	
(a) Residence: No. Point of Ro (Usu PERSONAL AND STATISTICAL P S. SEX 4. COLOR OR RACE 5. SINGL	OCKS. Alpiace of abode) ARTICULARS E. MARRIED, WIDOWED.	St., Ward. Point of Rocks If formedden give city or lown and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Day)	
(Usu PERSONAL AND STATISTICAL P S. SEX 4. COLOR OR RACE 5. SINGL	ARTICULARS E. MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day)	
3. SEX 4. COLOR OR RACE 5. SINGL	E. MARRIED, WIDOWED.	21. DATE OF DEATH Que. 9 ,193 (Month) (Day)	44
	E. MARRIED, WIDOWED, VORCED (write the word) .ngle	(Month) (Day) (193	Aug
Female White Single MARRIED, WIDOWED. S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)			(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERT FY, That I attended deces	
6. DATE OF BIRTH (month, day, and year) Septe	mber 25.193		
	ays If LESS than	to have occurred on the date stated above, at	
0 3 1	4 I day,hrs.	THE ENGLISH CAUGE OF DEALER AND TOTAL COURSES OF IMPORTANCE	
8. Trade, profession, or particular kind of work done, as SPINNER, A + II	1	Date of Date o	of onset
SAWYER, BOOKKEEPER, etc. At Ho	ome	Klayngite's 1	5/3
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.		Trefluenger 11	4/3
	. Totel time (years) spent In this occupation	V	
12. BIRTHPLACE (city or town) (State or country) Maryland		Other Contributory Causes of Importence: Wal multilusi	
13. NAME Quincey Lowery 14. BIRTHPLACE (city or town)		Name of operation Dete of	
(State of country) arvian	nd	What test confirmed diagnosis? Claudel Was there an autops	yto
15. MAIDEN NAME Lena Dean		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury,	19
17. INFORMANT Mrs. Quincey Lo	wery	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Point of Rocks. 8. BURIAL, CREMATION, OR REMOVAL Nr. Pt	Md.		
Place St. Pauls Cem. Date	of Rocks Jan.ll, 19 37	Manner of injury	
19. UNDERTAKER M.R. Etchison & (Address) Frederick. Mary		24. Was disease or injury in any wey related to occupation of deceased? No	
7	Registrar.	(Signed) a factor Poner (Address) Jeffersen He	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUNCAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year,

16. BIRTHPLACE (city or town) Maryland

Frederick

Geo. S. Martz

M.R. Etchison & Son

Cem Deta Jan. 29, 19 37

(Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT

19. UNDERTAKER

Mrs.

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury

24. Wes disaese or injury in any way releted to occupation of deceased? if so, specify_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			•	

V. S. No. 1

1	STATE	OF	MADVI	AND-CERT	CIFICATE	OF	DEAT	Н
	SIAIL	Or	WARIL	AND-CER	ITTICATE	OF	DEAL	п

492

1 DI AGE OF DEATH	
1. PLACE OF DEATH	Project No. 139
County Frederick.	A Kentalian Dist No
Village or City State Sanatorium, Md	No. St., Ward (f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo:	s. 19 ds. How long in U.S. if of foreign birth?yrsmosds.
A D Marin	
	If U. S. Veteran, specify WAR
(a) Residence: No. QU4 S. Bettiolu, AV (Usual place of abode)	re. St., Ward. Baltimore, Maryland. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married Married	January 10 193 7 (Month) (Oay) (Year)
5a. If married, widowed, or divorced	(Month) (Gay) (Tear)
HUSBAND of (or) WIFE of Hilda E. Marz.	22. I HEREBY CERTIFY, That I attended deceased from
	Dec. 21 ,1936 Jan. 10 ,19 37
6. DATE OF BIRTH (month, day, and year) August 13 1898	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.25A.M.
28 4 0rmin.	were as follows:
8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER ROOKKEFFER atc. Oiler	
SAWYER, BOOKKEEPER, etc.	Pulmonary Tuberculosis Sept:
work was dona, as SILK MILL, SAW MILL, BANK, etc	1935
10. Oata daceasad last worked at 11. Total tima (vaars)	
this occupation (month and 1936 spent in this 13Yr	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Ohio	Diabetes Mellitus Inknown
TI 13. NAME AUGUST Marz.	CAISMA
13. NAME August Marz.	Name of operation none Date of
(Stata or country) Germany	What test confirmed diagnosis Chest X-Ray. Was there an autopsy?_no
监 15. MAIOEN NAME Nickel?	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Nickel? 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
State or country) Germany	Where did injury occur?
17. INFORMANT August B. Marz	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Baltimore, Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Balto. Md. Oate Unknown 19	Nature of Injury
19. UNOERTAKER M.L.Creager	24. Was disease or injury in any way related to occupation of deceased?
(Address) Thurnert Md	If so, specify 1
20. FILED (15/2) 19. 180002	(Signed) Lewish & Maffet M.D.
Registrar.	(Addrass) State Saratorium ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		8	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	6	h	e	3
4	6.	Ŋ	t	3

M	infor-	state	UPA-	
	N. B.—WRITE PLARAY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ry ite	S	nt of	
	Eve	IGIA	teme	
	Q	HYS	t sta	
	REC	r. P	Exac	
57	ENT	TL	ied.	
NDI	MAN	KAC	lassif	
BI	PER	d E	erly c	cate.
TARGIN RESERVED FOR BINDING	IS A	state	prope	TION is very important. See instructions on back of certificate.
ED	SIHIS	l be	a pe	Jo y
ERV	IK-1	shoule	t maj	n bacl
RES	UI 5	GE !	that i	o suc
NI	ADIN	d.	8, 80	ructio
ARC	UNF	Ipplie	term	inst
	THL	lly su	plain	Sec
	K, W.	arefu	H in	rtant
	7	be c	EAT	impo
1	PLA	hould	OF D	very
V. S. No. 1	RITE	ion s	USE	si N
To. 1	IM-	mat	CAI	TIO
Zi vi	B			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 493
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 130
Village or City Doubs	No. Doubs, Maryland St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred 50 yrs	sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Marion Sylvester Michael	If U. S. Veteran, specify WAR None
(a) Residence: No. Doubs, Maryland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	January 16th, 193 % (Month) (Dev) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Alice W. Copeland	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Sept. 18, 1852	I lest saw h im elive on on 16 , 1937; death is said
7. AGE Years Months Deys If LESS then	to heve occurred on the date steted above, et. 6.2.50 Rm.
84 3 28 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows: Data of one at
8. Trade, profession, or perticuler kind of work done, es SPINNER, Farmer 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation, (month and 34 pear) 11. Total time (years) spent in this occupation 12. Occupation	arteris-Seleratie Cardis- vascular revol disease? auricular Tibrillation and Impocardial failure & 31-30
12. BIRTHPLACE (city or town)	Dethor Contributory Causes of Importance:
13. NAME Ezra Michael	\
f4. BIRTHPLACE (city or town) (State or country) Maryland	Neme of operation Date of Whet test confirmed diegnosis? Was there en eulopsy?
# 15. MAIDEN NAME Margaret E. Dutrow	23. If deeth wes due to externel couses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country) Maryland	Accident, suicide, or homicide?
17. INFORMANT Mrs. C. E. Compher (Address) Doubs, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL It. Olivet Cem. Plece Frederick, Md. Date 1/19, 1937	Manner of Injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland	24. Wes disease or injury in any wey related to occupation of deceased?
20, FILED Jacq 18, 19.3.7 Provide Registrar.	(Signed) Carlle of M. M. (Address) Bulkley tours

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. SUNO. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 2 1937			
Other contributory causes of importance. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIA	IN

V. S. No. 1

	ACE OF DEAT				93-0	
R /	inty Frede				Registration Dist. No. / 3	/
	age or City Ro			(16 50 _{vrs} mos	No. Rock of Springs death occurred in a hospital or institution, give its NAME instead of street ar ds. How long In U.S. if of foralgn birth?	Ward
1	LL NAME G				If U. S. Veteran, specify WAR None	-111001-1-1-1-1-1-1-1-1-1
				g Frod Dr	Cose, Md • Ward.	
(a)	Residence: No	HOCKEN	(Usual place		USt, Ward. If nonresident give city or town a	and State
PE	RSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Mal		or race		RIED, WIDOWED, D (write the word) ed.	21. DATE OF DEATH January 9th, (Month) (Day)	, 193 7 (Year)
5a. If marri HUSB (or)_W	ed, wide at ar divording of Lau	ced ra Orri	son		22. I HEREBY CERTIFY, That I attend	ed deceesed from
6. DATE OF	F BIRTH (month, day	and year) Fe	bruary	2, 1863	I last saw h. i.M. elive on 9 , 19.3	
7. AGE	Years 73	Months	Deys 7	If LESS than I day,hrs. ormin.	to heve occurred on the date stated ebove, at 3 • 35 P m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date ol onset
12. BIRTHF	work was dona, as S SAW MILL, BANK, e te deceased last wor this occupation (pro- year)	Mood 19		ima (yaars) nt In this upation 30	Dthar Contributory Causes of Importence:	
1	ate or country)	Varyla				
13. NA		n Moore				
I4. BIR	RTHPLACE (city or too (Stata or country)	Penn	18.		Name of operation Dete of Whet test confirmed diagnosis? Was there a	7
프 15. MA	IDEN NAME	Lydia G	arrett	malife 5	23, If deeth wes due to external causes (VIOLENCE) fill in also the follow	
16. BIF	RTHPLACE (city or too (State or country)				Accident, sulcide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORM	Mrs. Mrs. Rocke	G. M. M y Srpin	loore lgs Fred	k Co. Mc	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE
18, BURIAL Plea	, cremation, or r ce Rockty	EMOVAL Dou Springs	bs Ceme	tery, 12, 19 30	Manner of Injury	
	TAKER M. R Idiess) Fred	Etchi erick,	son & S	on	24. Was diseese or injury in any way ralated to occopation of deceased? If so, spacify	neo
20. FILED	11-7-7.1	37	Dine	Registrar.	(Signed) 20 Through 1	M. D

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			*
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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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495

Length of residence is eity or town where death occurred. Length of residence is eity or town where death occurred. Length of residence is eity or town where death occurred. When I ward. (a) Residence: No. (Unusiplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DISPRED Currie the word) So. If married, widowed, or divorced HUSANDO OR OR HUSANDO	1. PLACE OF DEATH		- Wa	JU
Length of residence is eity or fown where death occurred. 2. FULL NAME (a) Residence: No. (Uval place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WINDOWED, ONLY OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Meaths 1. Sex Months Days 1. IT LESS, Ihon 1. Iday, J. Thr., SAWYER, BOOKEEFER, de. 9. J. Industry or business in which work was done, as SILK MILL, SAW, MEL. SAWYER, BOOKEEFER, de. 1. SAWYER, BOO	County Freder	31C.	Registration Dist. No. / 40	,
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Clust place of abode Medical give city or town and State		ex moses		
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OR DIVORCED (write the word) So. If married, widowed, or divorced (Wonth)	PERSONAL AND STATIS			
13. If merried, widowed, or divorced HUSSAIDO (CONTINUE) of CONTINUE OF CONTIN	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	January 27	13. 7
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS then I day, Lofts Or. min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWTER, BOOKKEER, etc. 9. Industry or business in which work was done, es SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this excepation (month and year) 11. Total time (years) spent in this occupation (Stete or country) 12. BIRTHPLACE (city or town) (Stete or country) 13. MAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. John of the country of the cou	5a. If married, widowed, or divorced HUSBAND of			eased from
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8. Trade, profession, or particular stand of work done, es SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, etc. 10. Date decessed last worked at this occupation (month and system) occupation. 11. Total time (years) spent in this years) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city of town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. DETAIL OF TOWN		Days If LESS then 1 day, 2 hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
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(Address) Woodstoo Myd. If so, specify (Signed) Roland P. Weller M. D. (Signed) Roland P. Weller M. D.	Par 00	Jalland.		,
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20. FILED 7 10 - 1. 19X	1 27 27 (19 NO -10	19-10 1 20 1 -0	64 D
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FOR BINDING

RGIN RESERVED

V. S. No. 1 N. B.

state

should

496

1. PLACE OF DEATH	231
County Frederick,	Registration Dist. No. 139
Village or City State Sanatorium,	Md • ND. St., Ware (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	1 If U. S. Veteran, specify WAR
2. FULL NAME ANTHONY TONY MOSK	L. W. Doltimore Mervierd
(a) Residence: ND. 1410 CHGTTY (Usual place of abode)	St., Ward Baltimore, Maryland. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the Single	
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of	Oct. 30 19 36, to Jan. 6 19 37
6. DATE OF BIRTH (month, day, and year)October 2 19.	im Ion 6 37
7. AGE Years Months Days If LE	S than to have occurred on the date stated above, at715_nP . M .
19 3 4 1dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of office
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Student	Pulmonary Tuberculosis Sept.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	1935
SAW MILL, BANK, etc	
this occupation (month and 1936 spent in this year)	Yrs,
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Couses of importance:
(State or country) Maryland	
当 13. NAME John Moskal	
13. NAME John Moskal 14. BIRTHPLACE (city or town)	Neme of operation none Date of Date of
(State of country) POLATIC	What test confirmed diagnosis? Chest - X-Ray Was there an autopsy? no
15. MAIDEN NAME Anna Palachta 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Austria	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Anthony T. Moskal (Address) Baltimore, Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Balto. Md. Date Unknown	19 Nature of injury
19. UNDERTAKER M. L. Crester	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Thurmout, Ad.	If so, specify
20. FILED 1/6/37, 19	(Signed) Allward S-23 Cart III M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A, W, II	To.
Other contributory causes of importance:		Other contributory causes of importance.	7
Gallstones	May 1,1923	Gastroenteritis	1 year
		.4/	

N. B.

1 DIACE	STATE (OF MAR'	YLAND-	CERTIFICATE OF DEATH	497
	Frederick			Registration Dist. No.	51
	city Lander		(1	No. Lander, Nr. Jefferson? St./Id f death occurred in a horpital or institution, give its NAME instead of street and	ward
Length of re	esidence in city or town where	death occurred	20yrsmo	How long in U.S. if of foreign birth?	nosds.
2. FULL N	AME James M	ichael N	use	Luty U.S. Veteran, specify WAR None	
(a) Resid	ence: No. Lander,				
DEDGO		(Usual place		If nonresident give city or town an	d State
3. SEX	A. COLOR OR RACE	5. SINGLE, MARI		MEDICAL CERTIFICATE OF DEATH	
Male	White		(write the word)	Januray 3rd, (Month) (Dey)	., 193 (Yeer)
5a. If married, wid HUSBAND of (or) WIFE of				22. Och HEREBY CERTIFY, That I attended to 1935, to an 3	d deceased from
e DATE OF BIRTI	H (month, day, and yeer)	March	9 , 275	im the Birth	7.: death is said
	Years Months	Days 2.1	If LESS than 1 day,hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trede, prokind o	ofession, or particular of work done, as SPINNER, ER, BOOKKEEPER, etc	Laborer	ormin.	Cerebral hemmelage	9/3/33
Industry o	r business in which	0 A 10 +		Delistas & obstruction	13/2/2
SAW N	was done, as SILK MILL, B WILL, BANK, etc	11. Totel ti	lroad me (years) thin this pation	muderate parava engulera	
12. BIRTHPLACE (Stale or co	(city or town)		pation	Other Contributory Causes of importance:	193
13. NAME	William J.	Nuse ·		- Carac Comeans	
13. NAME 14. BIRTHPLA (State	CE (city or town)	ryland		Name of operation Date of Whet test confirmed diegnosis? Classef Was there en	autonous NA)
15. MAIDEN	NAME Bridget	Carev		23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Bridget Carey 16. BIRTHPLACE (city or town) (State or country) Maryland				Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT	Mrs. J. M. Near Jeffer			(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREM Piece Je	ation, or removal Reefferson, Md	eformed Date 1/5	Cemetery	Menner of injury	
19. UNDERTAKER (Address)				24. Wes disease or injury in any wey related to occupation of deceesed?	no
20. FILED H -	Jm. 19 39.	dre J. C.	ha Curdi Registrar.	(Signed) a. Feelenst on a (Address) Afgrown me	M. D
	If mor	e blanks are needed, a	ddress State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 5 1937				
Other contributory causes of importance: 5.	A The supplied of	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		9 4		

ADDITIONAL	SPACE F	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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FAXT STOTANS should state Exact statement of OCCUPA-

stated EXACTLY properly classified.

should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNOERTAKER

(Address)

mation should be carefully supplied.

N. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 498
County Bredlevele 1	Registration Dist. No. 134
Village or City wear Emmitsburgh	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME/1/12 / att Calle	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF PEATH
OR DIVORCED (write the words)	(Month) (Oay) (Var)
5a. If married, widowed, or divorced	
(or) WIFE of Y. Omary While	22. HEREBY CERTIFY, That I attended deceased from
C DATE OF BIDTY (Wast saw h or alive on Jan 2/ 1937; death is said
6. DATE OF BIRTH (month) dy, and year 71 /	to have occurred on the date stated above, at 1.3.4 m.
66 6 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Detrolonyst October 19 10 10 10 10 10 10 10 10 10 10 10 10 10
kind of work done, as SPINNE Housewife SAWYER, BOOKKEEPER, etc.	Quin
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this poculation (month and spant in this	. 1821,
- Come book parties (months and	
year) pccupation 7.0	Other Contributory Causes of importance:
12. BIRTHPLACE (city) or town) (State of Squarry)	arterio Ocherous 7/5/36
1 / 1 / 1 / 1 / 1 / 1	
E	No. of control of
[State or country]	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMBLINANDA Harbanas	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAMELINANDA HARVANGE	Accident, suicide, or homicide? Date of injury, 19
State or country	Where did injury occur?
17, INFORMANT Survey Offile 0	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

V. S. No. 1

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WINEAU V. B.			
Other contributory causes of importance.		Other contributory causes of importance:	PER LITTE
Gallstones	May 1,1923	Gastroenteritis	1 year
			100 100 100 100 100

WRITE

V. S. No. 1 m ż

CTATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Frederick	Registration Dist. No. 134
Village or City Enable (16	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Elizabeth Vark (Sr. al	ugustures Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	/St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad	(Month) (Day) (Teal)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decased from
6. DATE OF BIRTH (month, day, and year) aug, 18, 1850	I last saw h alive on from 10, 19.3.7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
86 5 / Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were an follows:
1 8 Trade profession or particular	were at oliows: Oato of onset
kind of work done, as SPINNER, Dealer of Charel	Chronic Ollerial Schoon 1936
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Oate daceased last worked at this occupation (month and / 137 spent in this occupation wear)	
12. BIRTHPLACE (city or town) West york City	Other Cantributory Canon of importance:
(Stata or comitry)	
13. NAME Jamel Parts	al sel
13. NAME Daniel Park 14. BIRTHPLACE (city or town) Do Jork (Stell or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Regobeth Downs	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Societo 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (Stata or country) fullound	Where did injury occur?
17. INFORMANT Sr. Year Coretta.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Limitshing lespose 1/2/ , 1907/	Natura of Injury
19. UNDERTAKER We De Shieff Jr.	24. Was disease or injury In any way related to occupation of decaased?
(Address) Emilaber and	If so, specify
20. FILEO Jan 21., 1937 M. F. Shaff	(Signed) All M. D. (Address) M. D. (Address) M. D.

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FER	5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5	00
	ould state	1. PLACE OF DEATH ,	(37)	
1	CC	County Frederick	Registration Dist. No. 141	
3	E 2	Village or City Near Trefersen	No. St.,	Ward
			death occurred in a horpital or institution, give its NAME instead of street and nu. ds. How long in U.S. If of foreign birth?yrs,mos.	
	AN	2 FULL NAME Isiah Corbin Par	104.8	
<u>r</u>	VSICIANS statement	M. 11	St., Ward.	
		(a) Residence: No. (Usual place of abode)	If nonresident give city or town and S	Ante
	KECO 7. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	5 .	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay)	193 7 (Yaar)
0 4	1 4 66	5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Torak Kurby	22. OLL BY CERTIFY That I attended do	eceasad from
Z		CATT OF BIRTH () AND AND OF 1/8 1/8 72		death is said
	r E	7. AGE Years Months Days 11 LEGS than	to have occurred on the date stated above, at 230 A.m.	
FOR	stated E properly certificate	64 2 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	5
,	st pr pr	8. Trada profession or particular	Prostatectimy Hyputrophies Proceate	8/4/3
ED :	be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chresce Nephins	>
2	should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chine My vearditio	6/1/3
RESERVED	she it r	10. Data deceased last worked at 11. Total time (years)	Jamoby o Latina	10/36
質	- G +	this occupation (month and spent in this occupation	Other County and County discontinuous	
	NFADING I plied. AGE rms, so that instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
ARGIN		(State or country)		
I K	WITH UNFA. efully supplied in plain terms, ant. See instru	13. NAME Deruard Voyne		
	sur sur sim to See	13. NAME Sureard Carne 14. BIRTHPLACE (city or town).	Nama of operation I rash cleany Data of G	ug 193
	Illy plai	1 (State of Country)	What tast confirmed diagnosis? Was there an au	
	INLY, WITH be carefully EATH in plain important.	15. MAIDEN NAME Cate Stayes 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:	
	car TH Port	16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicida? Date of Injury Where did injury occur?	, 19
	hould be can OF DEATH very import	mat may	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE Specify whether injury occurred in INDUSTRY, i) CF
	PLA hould OF D	17. INFORMANT (Address)	Specify whether injury securics in the SSTAT, in nome, strat SSETO TEAC	J.
TT.		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
		Place The South Date Date 1939	Natura of injury	
	-WRITE mation s CAUSE TION is	19. UNDERTAKER CAL Seite Word	24. Was disease or injury in any way related to occupation of daceased?	ed
10.1	LEOF	(Address) Brusmik Md	If so, specify	
8	<u>.</u>	20. FILED Jan 4 , 1987 Com H. S. Hackgro	(Signed) W. Lackett Jule	M. D
> ;	4	Registrar.	(Address) African Mg	
		. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimorg, Requesting U. S. No. 1.	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 501
1. PLACE OF DEATH	93-10
County Frederick	Registration Dist. No.
Village or City of carteolie Energen	ce No. Waspital St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
P 1 100 P	-0 A
2. FULL NAME GENERAL M. Juran	If U.S. Veteran, specify WAR Is at Welleran
(a) Residence: No. // 2 G: J. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DEFORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Carrie Walkins).	22. HEREBY CERTIFY, That I attended deceased from
E DATE OF BIPTH (month day and year) Dec 19-1868.	Hast saw ham alive on Jan 28 , 1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6 9. 1 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chromo Myobarditis April
9. Industry or business in which work was done, as SILK MILL Ketures SAW MILL, BANK, etc.	//936
10. Date deceased last worked at this occupation (month and 928) spent in this 40 year)	
12. BIRTHPLACE (city or town) Frederick Co.	Other Contributory Causes of Importance:
(State or country) Maryland	
13. NAME John V. Purdeys.	
13. NAME John V. Purdeem. 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sacah Baker 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Coangeline Vece	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Emetgency fixfital 18, BURIAL, CREMATION, OR REMOVAL CALL	Manage of Indiana
Place Temptown, hid Date 3/2 Jon., 193 1	Manner of injury Nature of Injury
Sto O. Farting	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Addiess) Author (Addiess)	If so, specify
	(Signed) Bothomas M.D.
20. FILED 29 - Jour; 19 31 - 20 Registrar.	(Address) Frederick, Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Example I	i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1/	LACE OF DEA			•	82:0 2	5
	county Fred				Registration Dist. No.	<i>t</i>
	illage or CityFre	ederick		(1)	No. I.O.O.F. Home St., f death occurred in a horpital or institution, give its NAME instead of street and nur	War
				1_yrs5mo		
2. F	ULL NAME	Joseph V	Wesley R	lawlings	Lucijus. Veteran, specify WAR none	*******
	a) Residence: No.	I.O.O.I	· Home (Usual place	1	St. Baltimore, Md.	
	PERSONAL A	ND STATIS			MEDICAL CERTIFICATE OF DEATH	fatc
s. sex mal		or or RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH Jan. 20th. (Month) (Day)	193.7 (Yeer)
1111	rried, widowed, or dis BAND of WIFE of Eli:		Hyde		22. HEREBY CERTIFY Thet I attended de	(,
6. DATE	OF BIRTH (month, d	lay, and year)	Aug. 4,	1873	(Jast saw h. im alive on Jun 20 ,1927;	death is sa
7. AGE	Years 63	Months 5	Days 16	If LESS than 1 day,hrs. ormin,	to have occurred on the data stated above, at 8 • 10A m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
SUPATI	Frada, profassion, or kind of work done SAWYER, BOOKKE INDUSTRY OF BUSINASS WORK WAS DONA, AS SAW MILL, BANK	EEPER, etc In which sSILK MILL, , etc			Central Humnshage	Date of one
12. BIR7	Data deceased last withis occupation (myear)	Pri ke	eGeorges Md.	upation	Other Contributory Causes of Importance: Mys card of Amfre any	Ber
13. NAME John S. Rawlings 14. BIRTHPLACE (city or town) (Stata or country)					Neme of operation Date of What test confirmed diagnosis? Climatel Was there an autops	
15.	MAIDEN NAME S	arah Ga:	rner		23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy!
	SIRTHPLACE (city or (State or country)	town)	ryland		Accidant, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFO	RMANT Recor	rds I.0	Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
	al, cremation, or lece Brookf		M.U.Ce d. _{Date} Jar	em. 1.22, 1937	Manner of Injury	
			0 0		24. Wes diseesa or injury in any way related to occupetion of deceased?	no
	RTAKER M.R.	Etchis derick,	on & Sor Marylar		If so, specify	

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200	Example I		Example II		
The principal cause of of importance were as f	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FFR 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	S	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
	The second secon				
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		4111			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	99
County Irederich	Registration Dist. No. 140
Village or City Fore	NoSt.,Ward
(II Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Ida Mate	Peduoud
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Peer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Chas Harvey Reducon	1 HEREBY CERTIFY. That i ettended decessed from
6. DATE OF BIRTH (month, day, and year) 2 2 1861	1/10 - 07
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated chove, et / 2 45, m
75 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were as follows: Date of onset Clean
kind of work done, as SPINNER, force work	arteriosclarosin 1930
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
this occupation (month and dec 1936 spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
(State or country) 2nd	
13. NAME Buch Van Jossen 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Petreca Harrison 16. BIRTHPLACE (city or town)	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AS TO SECOND MAN (Address) Section 19 My discount of the second man and the	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Jan 14, 19)	Nature of injury
19. UNDERTAKER Powell & albanga	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Woodshow Jayd.	if so, specify
20. FILED Jan 14, 1937 L. C. Powell	(Signed) CO CO DULLS M. D.
Registrar,	(Address) Woodevold Mod!

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
The state of the s	1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 504
1. PLACE OF BEATH / . /	1628
County Highligh Within the Corpora	Registration Dist. No.
Village or City Hredlineh	No. Home far the aged. St., Ward
(If Length of residence in city or town where death occurred \$ 1 yrsmos	death occurred in a hospital or multiution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?
2. FULL NAME Margaret Clinia Rhod	ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. 115 Pecard	Ct Constant
HOME AT Aged, (Usual place of abode) / 10	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wpite the word)	21. DATE OF DEATH
Temare wine Midried.	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of Al C. W.	
(or) WIFE of William I hodes.	1937
6. DATE OF BIRTH (month, day, and year) Ort. 17-1857.	I last saw h elive on Tary 10 1937 death is seld
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at _/030Am.
85 2 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Acmility no definite dis- 101/26
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ewelasharent.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	She was confined to how led which by by lack of
10. Date deceased last worked at 11. Total time (years)	- Leysesal strength , the last eighten roanths of East
this occupation (month and spent in this year)	life. ewith
12. BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of importance:
(Stete or country)	Los mentality 3 oble to think talk and year
13. NAME Eduard Carmack.	here american sustance
14. BIRTHPLACE (city or town) Martha and	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Ormelia Follow.	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Omelia Helbut. 16. BIRTHPLACE (city or town) Mary famel.	Accident, suicide, or homicide? Oate of Injury
(State or country)	Where did injury occur?
17. INFORMANT COMM. Cogan N. Mc Brids.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Audick Md, 18. BURIAL, CREMATION REMOVAL	
Place At Clinit Date Jun 12 1937	Manner of injury
13 19.	Nature of injury
19. UNDERTAKER Thise Humen Home (Address) Frederick med.	24. Wes disease or injury in any wey related to occupation of deseased?
11-7- 33 STANK.	(Signed) Will Claw List O woon M.D.
20. FILED Registrar.	(Address) + redecite A A
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II			
The principal cause o of importance were as Arteriosclerosis	f death and related causes follows:	-1.	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial neph		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	TEB 5 1937	July 5,1927	Peritonitis	3 days ago		
	BUUDAU V. S.	1				
Other contributory ca	uses of importance:	-	Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	PACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	51-0 131
County Frederick Themone Cornorate Un	Registration Dist. No.
Village Dr City Frederick	No. Treduces 6 feels Hospilal War
Length of residanca in city or town where death occurredyrs. 2/2mos	f death occurred in a hospital or institution, give its NAME instead of firect and number) ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Mr. Charles Rice	If U. S. Veteran, specify WAR
(a) Residence: No. Legore muryland	St., _ Ward.
(Usual place of abode)	Actual Co If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male White VXI DOWED	Jan. 20, 1437 (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Cura 21 st 1870	I lest saw h Laca alive on Joan 20 , 1937; daath Is sai
AGE Years Months Days If LESS than	to have occurred on the date stated above, et3.Gm.
66 4 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusas of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Posturastay	Para and and and and and and and and and an
9. Industry or business in which	carenous f provide
SAW MILL, BANK, etc	1 Pech
10. Date deceesed lest worked at 1936 this occupation (month and 30th year)	
2. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or county)	
13. NAME Saiah Rice	D. H.
14. BIRTHPLACE (city or town)	Name of operation Unalally Data of See 15
Country (VI)	What tast confirmed diegnosis? Was there an autopsy? La
15. MAIDEN NAME Georgiana Cleme	23. If deeth was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT COSTOLING CADDINAS	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Woodship	Manner of injury
Place Mt Hope Dald Jan 20, 1937	Nature of injury
19. UNDERTAKER Poullet & albayage of (Addrass) Woodstone ma	24. Was disease or injury In any way related to occupation of deceasad?
20. FILED 1- Jan, 1987 Ameliny Legistrar.	(Signad) Phones 6 M. (Addrass) Frederic Cond
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	11	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB 5 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	1	В	6	P
5	3	1	-7	6
1 3	٩.	9		9

1	1. PLACE OF	F DEAT	H			93-6
	CountyI	Frede	rick			Registration Dist. No.
	Village or Ci	ity S	abilla	ville		NoSt., Ward
	Langth of rasio	denca In city	y or town whera o	leath occurrad	20 (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foraign birth?yrsmosds.
:	2. FULL NAM	ME Ma	rtha (irace 1	Royer	If U. S. Veteran, specify WAR NO •
	(a) Residence	ce: No	Sabilla	asville	. (Outs	10.8.) Ward. If nonresident give city or town and State
-				(Usual place		
3.	SEX		OR RACE		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	T 0=-1-			OR DIVORCE	D (write tha word)	January I2th. 193 7
5a.	Female. If marriad, widowe		ite	Marr	Lea	(Month) (Oay) (Yaar)
	HUSBAND of (or) WIFE of	Samue	el T. Ro	ver		22. HEREBY CERTIFY, That I attended deceased from
					7000	1-12/130,1937, to 1-12/130,1937
	AGE Yeer		and year) I'	eb.13th	If LESS than	l last saw h value on 187; death is said
	AGE 1001	•	MORERS	Days	1 day,hrs.	to have occurred on the dete steted above, et
	8. Trade, profas:	18 !	TO	29	ormin.	were as follows: Date of onset
O	kind of w	ork done, a	s SPINNER, HO	ousewif	e	On the myou face;
OCCUPATION	kind of work done, as SPINNER, HOUSEWIFE SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, OWN home SAW MILL, BANK, etc. 10. Oate deceased last worked at 11. Total time (years)					
S						
0	this occup	ation (mon	th and Jan	37 11. Total t	ima (yaars) nt in this upation20	
					apation	Other Contributory Couses of Importance:
12.	BIRTHPLACE (city (State or count		WOLIST	11116	MD	
2	1	eter	G. Pr	cyor	N.D.	
FATHER	14. BIRTHPLACE			•		Neme of operations A
FA	(Stata or		/II)UUS2#b#		D	What test confirmed diagnost of the Political
ER	15. MAIDEN NAM	ME C	atherin	ne Sense	enbaugh	23. If deeth wes due to external caused VIOLENCE) fill in eiso the following:
MOTHER	16. BIRTHPLACE	(city or tow	m) Woli	sville		Accident, suicide, or homicide?Oate of injury
Σ	(State or	country)			MD	Where did Injury occur?
17.	INFORMANTS	amue	l T. Lantz	Royer		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATI			de In	1.15th, 37	Manner of injury
	Place C C C C C C C C C C C C C C C C C C C	104.11	ı .oasca	ralidie n ar	1.170,49	Nature of injury
19.	. UNDERTAKER			4	n.	24. Was disaase or injury in any way related to occupation of daceased?
_	(Address)	T	humont	A MD	16.	If so, spacify
20.	FILED / 14	, 19	37 671	as 61	Registrar.	Blygge Ridge Summit

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguessing U. S. No. 1.

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9.—The industry or business in which the work was done.

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i	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis ·	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYL	AND-	CERTIFIC	ATE	OF	DEAT	H
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1. PLACE	OF DEATH			(23)	24
County	Freder	ick,		Registration Dist. No	139
	CityState		ium, Md. (li yrs. 5 mos	NoS death occurred in a hospital or institution, give its NAME instead of stree 19.ds. How long In U.S. if of foreign birth?yrs.	t.,Ward and number) mosds
				If U. S. Veteran, specify WAR	
				If nonresident give city or tow	n and State
PERSO 3. SEX	NAL AND STATIST	-,		MEDICAL CERTIFICATE OF DEAT	TH
Female	4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Marr	(write the word)	January 16 (Month) (Day)	, 193
7. AGE Y	Eu	gene L. September	r 3 1873	22. I HEREBY CERTIFY, That I attorned to the service of the servic	16 , 19 3° 37 ; death is said
8 Trade oro	fession, or particular f work done, as SPINNER, ER, BDOKKEEPER, etc	1	ormin.	were esfollows: Pwlmonary Tuberculosis	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and					1933
11113 00	ased last worked at cupetion (month and 1	935 11. Total til spen occu	me (years) It in this 8Yrs.	Other Contributary Causes of importance:	
12. BIRTHPLACE ((State or co	city or town) puntry)	Maryland	1.		
13. NAME	William	Skinner			
(State	CE (city or town)	Maryland	i.	Neme of operationnonePos-Spu-tuff! What test confirmed diagnosichest-X-Ray- Was the	re an autopsy 20 0
	CE (city or town)or country)	Maddox Maryla	nd.	23. If death wes due to externel causes (VIOLENCE) fill in also the fo Accident, suicide, or homicide? Oate of Injury	llowing:
(Address)		r. Md.		(Specify city or town, county a Specify whether injury occurred in INOUSTRY, in HOME, or In PUBL	nd State) LIC PLACE.
18. BURIAL, CREM	ation, or removalar loncaster, M	es, Co. d. Date Unku	nown, 19	Manner of injury	
19. UNDERTAKER (Address) 20. FILEO		reager orite, Md.		24. Was disease or injury In any way related to occupation of decease If so, specify for the second of the second	fer mo

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10.—The month and year the deceased last worked at the occupation.

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Example I	§.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	111111111111111111111111111111111111111			
		· · · · · · · · · · · · · · · · · · ·		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 508
1. PLACE OF DEATH	(9)
County Frederick within the Ool	Registration Dist. No. 13/
Village or City Frederich	No. Frederichtatochtost. Ward
Length of rasidance in city or town where death occurred yrs. mos	death occurred in a hospital or institution give its NAME instead of street and number)
2. FULL NAME Charles Trederich Sehr	
(a) Residence: No. 4/ Eart Patries S	A St., Ward Ward War Ward Ward Ward Ward Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of	
(ac) Wife of are Muss	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 15, 1860	liast saw h live on 1936; death is seld
7. AGE Years Months Days if LESS than	to have occurred on the data steted above, at 1236 m.
76 10 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Irade profession or particular	Date of onset
SAWYER, BOOKKEPER, atc. Dales Constituted	Messea Jano
work was done, es SILK MILL, SAW MILL, BANK, etc.	7 37
Rind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 9. Industry or businass In which work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 11. Total tima (years) spent in this 40 occupation occupation	
12. BIRTHPLACE (city or town) Trederick	Other Contributory Causes of Importenca:
(State or country) many land	Trephretio 1936
13. NAME John F/ Schrodel	
13. NAME John F Schrodel 14. BIRTHPLACE (city or town) Turkmonn	Neme of operation
(State or country) Germany	Whet test confirmed diegnosis? Was there an au'opsyllo
15. MAIDEN NAME Caroline New Amand	23. If death was due to external causes (VIOLENCE) fill in also the following:
Stete or country)	Accidant, suicide, or homicida? Date of Injury
7 2 7 5 1 00	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT PHOS To Selvade	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Tat Quet Date / 10, 19.37	Neture of Injury
19. UNDERTAKER Hang E. Carte Con	24. Was disease or Injury In any way related to occupetion of deceesad? 400
(Address) I be demand, mod.	if so, specify
20. FILED 8 Jan 1937 AM Couldy	(Signad) 120 Marzana M. D.
Registrar.	(Address) + market and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorphage FEB 5 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BINDING

RESERVED

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BUREAL	- Calendaria		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1 m certificate.

See instructions on back

TION is very important.

should state of OCCUPA.

	DI ACE O		ATE O	F MAR	YLAND—	CERTIFICATE OF DEATH	110
/	County 1	reder	ick			Registration Dist. No. 132	,
		ity Mid				No. Registration Dist. No. 1	Ward
						death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?	ber)
	2. FULL NA						ds
		ce: No.				If U. S. Veteran, specify WAR	
	PERSON	AL AND	STATISTI	(Usual place		If nonresident give city or town and Sta MEDICAL CERTIFICATE OF DEATH	te
3.	sex Female	4. COLOR O	R RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH () (() () () () () () () () () () ()	3.7
5e.	If merried, widow HUSBAND of (or) WIFE of			J.Sewar	d	22. NI HEREBY CERTIFY, That I ettended dec	eased from
6.	DATE OF BIRTH	month, day, en	d yeer)	lug, 9, 18	358	I lest sew her elive on Jaw 4 ,1937; d	eeth is seid
7	AGE Yea	rs	Months	Deys 27	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated ebove, at The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	ate of onset
OCCUPATION	9. Industry or work wes SAW MIL	vork done, es S BOOKKEEPER, business in whi s done, as StLK L, BANK, etc	etc. F.C.	ouse wii		Carcinoma q. Colon	Jolyi
00	10. Dete decess this occuryear)	ed last worked petion (month a	et ept.	spei	ime (years) nt in this upation		
12.	. BIRTHPLACE (cil	ty or town)	Hiddle	etown,16		Other Contributory Causes of importence:	
ER	13. NAME J	oseph	Babins	tion			
FATHER	14. BIRTHPLACE (Stete or		Middle	town, l	<u>lā.</u>	Neme of operation 2002 Dete of	psy?XU
MOTHER				Bro nown		23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	_, 19
17.	. INFORMANT (Address)		Gaver etown.	17d •		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, CREMAT	ion, or remo		Cem. Dete 1/	7 ,19 37	Manner of injury 70000	
19.	. UNDERTAKER (ladhil	1 Comm	oany m. Ild.	A	24. Wes disease or injury in eny way releted to occupation of deceased?	no

Registrar.

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Example I	į	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1931	()		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

H 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 511
1. PLACE OF DEATH	100
County Frederick	Registration Dist. No. / 3 8
Village or City How Market	No. St., Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?mosds.
2. FULL NAME Mande Servel	
(a) Residence: No. Merr Marky of	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 15 SINCLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
Female Colored 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH Jan 29 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSDANS (or) WIFE of Frank Sewell	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cot 24 -1885	I last saw h l alive on Jan (29, 1937; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated ebove, et 6 P m.
5-1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	That geneumonia Jan 23
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month ande	7/937
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 30-year	7
12. BIRTHPLACE (city or town) New Market (State or country) May	Other Coutributery Causes of importance:
13. NAME Grafton Ht Crampton	
13. NAME Grafton It Crampton 14. BIRTHPLACE (city or town) (State or country) May	Name of operation
15. MAIDEN NAME Ella Sprigge	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Ella Aprig go 16. BIRTHPLACE (city or town) New Market	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Frank Leisell	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Mean Market 2mg	Manager of Latinov
Place New Market Date Fet 1,19.3.7	Nature of injury
19. UNDERTAKER A. E. Falcong (Address) New Markett	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fet 1 , 1937 Lucion & Falconer Registras.	(Signed) Trust P Roap Mg. D. (Address) New Market Mg.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	110	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis 1987	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephriting FED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 1927	Peritonitis	3 days ago
Bec			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 512
1. PLACE OF DEATH	47-C
County Frederick	Registration Dist. No. 141
Village or City Brunswet	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds. If U.S. Veteran, specify WAR
(a) Residence: No. // Junee are . (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Sept 22 1918	1 1 s s saw h
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
18 3 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particuler kind of work done, as SPINNER,	Date of one et
Solution of particular in the second of particular in the	sallowo of pengs
work wes done, es SILK MILL, SAW MILL, BANK, etc	
Spent in this	
7 . 1	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Maryland . (State or country)	-
E Jacon land	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis?
E 15. MAIOEN NAME Editt & Haltert	What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VI) ENCE/ fill and also the following:
16. BIRTHPLACE (city or town). Many Land.	Accident, suicide, or homleide? Date of Injury 19
S (State or country)	Where did injury occur?
17. INFORMANT Edilt R Faltest	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Part roughts Brumb Md Date Jan . 4 . 19.37	Nature of injury
19. UNDERTAKER C. H. Futy & Syn (Address) Brunnik Mid	24. Was disease or Injury In any way related to occupation of deceased? ————————————————————————————————————
20. FILEO. Jan B , 193 4 lun H. S. Holg w. Registrar.	(Signed) fulfam Ehrafflind.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Lay5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE	OF DEATH			79-0	
CountyI	rederick			Registration Dist. No. 147	
Village or	city Creagers	town		No. St	Ward
			yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and numbeds. How long In U.S. if of foreign birth?yrsmos	r) ds
2. FULL N	AMEMary Jan	e Shorl	O	If U. S. Veteran, specify WAR NO	
(a) Reside	ence: No. Cr	eagers to		St., Ward. If nonresident give city or town and State	
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH an. 25th. 1937	Year)
5a. If married, wide HUSBAND of	owad, or divorced				
(or) WIFE of		Shorb		22. HEREBY CERTIFY, That I attended decea	sed from
C DATE OF BIRTI	7 (month day and wass)	at Ond	T0E0	1911	th Is said
	ears Months	Oays	I859	to have occurred on the dete stated above, et 2 P; m.	111 13 3411
	77 7	-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	1.5%
8. Trade, pro	fassion, or particular	23	ormin.	were as follows:	of onset
SAWYE		House wo	ork	Hemmo/	72
work w	r business in which was done, as SILK MILL, IILL, BANK, etc	Own ho	ome	Mysterdition 1	22
10. Date decar	ased last worked at cupetion (month and 1932	11. Total t	ima (years) nt in this 35		9.3
	city or town) Crea			Other Contributory Causes of Importance:	ic.
2 13. NAME		Speak		Cart Il allmis	()
H 13. MAINE			_	1	3
	CE (city or town)	ot knowi	MD	Nama of operation Date of What test confirmed diegnosis? Was there an autops	14
15. MAIDEN N	HAME Mary A.	Mathane	v	23. If death was due to externel causes (VIOLENCE) fill in also the following:	y!
15. MAIDEN N	CE (city or town) Not.		4	Accident, suicide, or homicide?Oate of Injury,	10
State	or country)	Md		Where did Injury occur?	
17 INFORMANT	Chas. A Sh	ma -		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
(Address)			D		
18. BURIAL, CREM	ation, or removal aurmont U.B.			Manner of Injury	
19. UNDERTAKER . (Addrass)	M. L. C.	reager	& Son.	24. Was disaase or injury in any way related to occupation of decased? If so, specify	D
20. FILED.	27 , 1937 Am	7.11	Gones. Registrar.	(Signed) (Address) (Address)	M. I
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	1,	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1937	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
house states			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHI	R STATEMENTS BY PHYSICIAN
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state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	CE OF DEA	TH)			3		
Coun	ity	Freder	ick.	and the same of the same	Registration Dist. No.	.39		
	*	, -		um Md·	No	Ward		
				(1	f death occurred in a hospital or institution, give its NAME instead of street and s. 24 ds. How long In U.S. if of foreign birth?yrs,r	number)		
2. FULI	L NAME	Sid	ney Shri	ver	If U. S. Veteran, specify WAR			
(a) F	Residence: No	Gur	tis Bay	Baltimo	rest, Co. Ward R. F. D. Maryland If nonresident give city or town an			
PEF	RSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX Male		or or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH January (Dey) 31	, 193_7 (Year)		
5a. If marriad HUSBA	d, widowad, or divo	orced						
(or) WI	FE of				22. I HEREBY CERTIFY, That I attended June 6, 19.36, to Jan. 3.			
C DATE OF	DIDTH (month do	and	20 6	1913	I last saw him alive on Jan. 31 ,19 3			
7. AGE	BIRTH (month, day	Months	May 6	If LESS than	to have occurred on the date stated above, at7_3.0 Fm. M .	20,000111100010		
1	23	8	25.	I day,hrs.	S. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance			
_ 8. Trad	e. profession, or p	articular		ormin.	were as follows:	Date of onset		
O K	and of work done, SAWYER, BOOKKEE	as SPINNER, EPER, etc	Farmer		Pulmonary Tuberculosis	Dec.		
-9, Indu	stry or businass in work was dona, es	n which				1935		
3 / 3	SAW MILL, BANK,	etc			-	1300		
O 10. Date	dacaasad last wo his occupation (mo /ear)	ethand 193	5 II. Total i	time (yaars) ent in this OYrs upation TOYrs				
1 -)	rear)	V.M. 4	000	upation + Y A A Y	Other Contributory Causes of importance:			
	ACE (city or town))	Manula	nd .	-			
	e or country)		Maryla	па	Tuberculous Laryngitis			
当. NAM	E	Henry S	nriver					
	HPLACE (city or to	own)			Name of operation None Pos Sputnamof.			
	(State or country)		German	У	Whet test confirmed diagnockhest X-Ray Wes there an	aulopsy?-no-		
I IS. MAII	DEN NAME	Sadie	Aaron		23. If death was due to external causas (VIOLENCE) fill In also the following			
	HPLACE (city or to	own)	24		Accident, suicida, or homicide? Date of injury	, 19		
~ ((Stete or country)		Maryla	na.	Where did injury occur?(Specify city or town, county and St	ate)		
(Addi	ress)	Curtis	Shriver Bay, M	d.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.		
	Balto.		Date Un	known 19	Manner of Injury			
19. UNDERTA		M.L.Gr			24. Was disease or injury in any way related to occupation of deceased?	no		
(Add	(3, (2)	Thurmor	it Md		If so, spacify (Signed) Shaffe	?		
20. FILED	3[1].	19	/-/	Registrar.	(Address) State Sanatorius	M. D.		
-				Kegistrar.	" (noutess)//g. Dest Nation 30. 1	J		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	em of infor-	should state	f OCCUPA.	
	RECORD. Every it	PHYSICIANS	Exact statement o	
R BINDING	A PERMANENT I	ted EXACTLY.	perly classified. E	ificate.
TARGIN RESERVED FOR BINDING	ADING INK-THIS IS	ed. AGE should be sta	is, so that it may be pro	tructions on back of cert
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No.	N. B		2	

V. S. No. 1

/ / / / / / / / / / / / / / / / / / /	Registration Dist. No. No. St., Ward eath occurred in a horpital or institution, give its NAME instead of street and number) ds. How tong in U.S. if of foreign birth? yrs. mos. ds.
Village or City Old Fulds (If dea Length of residence in city or town where death occurred 8.5 yrs. mos.	NoSt.,Wardstandard or institution, give its NAME instead of street and number)
(If dea Length of residence in city or town where death occurred 85 yrs	eath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 8.3 yrs	
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4. COLON OB, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 37 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBARD of Helleane Anulh 22	22. HEREBY CERTIFY, That t ettended deceased from
6. DATE OF BIRTH (month, dey, and year) May 1 21 1851	I last saw h and alive on Hard to the 1937; death is said
	to heve occurred on the date stated above, at 1. 20 m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Housework SAWYER, BOOKKEEPER, etc.	Metral dusufficiency Jaw 1920
kind of work done, as SPINNER, However SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as StLK MILL, SAW MILL, BANK, etc 10: Date deceased last worked et this occupation (order and specific property).	
0-10: Date deceased last worked et this occupation (applied and year) 11. Total time (years) spant in the spant in the occupation occupation occupation.	
	Other Coutributory Causes of Importance:
13. NAME Undrew Kishardson 14. BIRTHPLACE (city or town) Md	Name of operation Dete of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Charlotte Ogle 16. BIRTHPLACE (city or town) Mo	23. If death wes due to external causes (VIOLENCE) filt in elso the following: Accident, suicide, or homicide?
6. 1111-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Blood OCOD FIEL OCA (Per Par Fair) (50 10 37)	Manner of injury
	24. Was disease or Injury in any way related to occupation of deceased? 20
20. FILED June 5, 1927 26 D. Curlman Registrar.	(Signed) Oly D. Atomo M. D. (Address) Developtown

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	1.50
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FFR 4 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. No. 1 N. B.- of OCCUPA.

	CERTIFICATE OF DEATH 5	16
1. PLACE OF DEATH	129	
County Frederick	Registration Dist. No. 145	
Village or City Myersville,	No.	Ward
/ / Of	death occurred in a hospital or institution, give its NAME instead of street and	number)
2. FULL NAME Mary Clemma Smit		
	If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and	1 State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1 Male
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	~4
Female White OR DIVORCED (write the word)	Jaw 23	., 193
5a. If marriad, widowed, or divorcad HUSBANO of	(Day)	(Acat)
(or) WIFE of E(mer J. Smith	22. I HEREBY CERTIFY, That I attended 21 1937 to Jan 23	deceased from
6. DATE OF BIRTH (month, day, end year) Nov. 9 1863	I last sawh er alive on Jan 23 1987	_; daath is sald
7. AGE Years Months Oays If LESS than	to have occurred on the dete stated above, at 2.50 Pm.	
72 2 14 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importence wera as follows:	
8 Trade explanation or cartinular	wera as rollows.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked et 11. Total times speak in this occupation (months and	acute Cardiac Delitation	Jan 23-37
10. Date daceased last worked et this occupation (month and Jan 1937 occupation occupation occupation		
12. BIRTHPLACE (city or town). Myers ville, Md	Other Contributory Causes of Importance:	
(State or country) Maryland	Lal - Pacin	
3 13. NAME Dawson F. Flook	woo varience	
14. BIRTHPLACE (city or town) Burkettwille Mg.	Name of operation 2000 Date of	
(Stata or country)	What tast confirmed diegnosis? Was there an	autopsy? Zed
15. MAIDEN NAME Elizabeth Harp	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
16. BIRTHPLACE (city or town) // 4 yers ville /md	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Wheeler A Smith (Addrass) Myersville, Maryland	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL tery	Mannar of Injury - Marue -	
Place Myers ville, loate Jan 26, 1937	Nature of Injury	
19. UNDERTAKER Gladhill Bo	24. Wes disease or Injury in any way related to occupation of dacaased?	210
(Addrass) Mrddleform. NId	If so, specify	
20, FILED Jan. 26, 1937. William & Wachtel	(Signad) feller Harp	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid condition, it any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

/	DI ACE OF				CERTIFICATE OF DEATH 517
1.	PLACE OF		With	IN the Col sold	
County Frederick Village or City Frederick					Registration Dist. No.
				(1	ND. 514 Middle Alley St., Wat death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of rasid	lance In city or town where	daath occurred	O_yrs,mos	ds. How long In U.S. If of foralgn birth?yrsmosd
2.	(a) Residence	ME Mary Mode: No. 514 Mide		ey D	Str. Ward. If nonresident give city or town and State
	PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	ex emale	4. COLOR OR RACE Colored	5. SINGLE, MAR QR. DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 22nd, 193 7 (Month) (Day) (Year)
5a. I	If marriad, widowe HUSBAND of (or) WIFE of	d, or divorced			22. I HEREBY CERTIFY, That I attended deceased fro
	(0.)				Jan 12 ,1927, to Jan 22 ,193.
_			ecember	15, 1873	I lest saw her alive on 2 CMA 22 ,19 27; death is sa
7. A	GE Yeer		Deys	If LESS than I day,hrs.	to have occurred on the dete stetad above, at 45 45 m.
-			7	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
OCCUPATION	kind of war SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc usiness in which done, es SILK MILL, ., BANK, etc	Housey At Hon	ne	Instruction //
ŏ	this occup	Dec. 1936.	spa occ	ima (years) nt in this 40 upation 40	Other Contributary Causes of Importance;
12.	BIRTHPLACE (city (State or count		land		One Canada of Importance.
ER.	13. NAME We	sley Snowde	en		
FAIHER	14. BIRTHPLACE		Maryland	1	Name of operation
2	15. MAIDEN NAN	Hester Mi	ilbury		23. If daeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hester Milbury 16. BIRTHPLACE (city or town) Maryland (State or country)					Accident, suicide, or homicide? Date of Injury 19
17.		rs. James l			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATI	on, or removal M.	E. en	etery,	Manner of Injury
19.	UNDERTAKER - M (Address)	R. Etchis	son & So Taryland	n [24. Was disease or Injury In any way related to occupation of decaased?
20.	FILED 25-4	an., 1907. 21	e J. Zu	C. Cinder	(Signad) W S. Sur CM.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1937			
Other contributory causes of importance:	10===10	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. BWRITE PLAMLY,	mation should be care	CAUSE OF DEATH i	TION is very importa

	STATE OF MARYLA	ND-	CERTIFICATE OF DEATH 51	8
	1. PLACE OF DEATH		97	
	County Frederick		Registration Dist. No./32	
	Village or City lliadletown		No.	_Ward
		mos	death occurred in a hospital or institution, give its NAME instead of street and numberds. How long in U.S. if of foreign birth?yrsmos) ds.
1	2. FULL NAME Kenley Mc Blellan	Sowers	If U. S. Veteran, specify WAR	
	(a) Residence: No. (Usual place of abode	e)	St., Ward. If nonresident give city or town and State	
_	PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH	
4	SEX COLOR OR RACE 5. SINGLE, MARRIED, WOR DIVORCED (write Widowed	the word)	21. DATE OF DEATH Jane, 4, 193	/ eer)
5a	If married, widowed, or divorced HUSBAND of Belle Prancis Sower	ន	22. I HEREBY CERTIFY, That I attended decease	
6.	DATE OF BIRTH (month, day, end yeer) Dec.9, 1861		I lest saw have alive on 4, 1937; death	is seld
	AGE Years Months Days If	LESS then	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, Farm Labore SAWYER, BOOKKEEPER, etc.		Orlens Sclerosis	ofonset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
000	10. Date deceased last worked at this occupation (month and year)	rs) S		
12	BIRTHPLACE (city or town) Burkittsville, Md (State or country)	.4	Dther Coutributory Causea of importance:	
ER	13. NAME William Sowers			
FATHER	14. BIRTHPLACE (city or town) Purkittsville, Md. (Stete or country)	•	Name of operation Date of	
ER	15. MAIDEN NAME Mary Ausherman		What test confirmed diagnosis? Was there an autopsy 23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Burkittsville, II	d.	Accident, suicide, or homicide?	9
_	(State or country) INFORMANT Harry Soviers		Where did injury occur?	
18	(Address) Middle town, I'd. BURIAL, CREMATION, DR REMOVAL		Manage of interest	
	Place It . Hope Date Jan . 7.	,19.37	Manner of injury	
19	UNDERTAKER Gladhill Company (Address) Middletown Ald.		24. Was disease or injury in any wey related to occupation of deceased?	
20	SILED See G. A. 1987 D. Forcepor De	Registrar.	(Signed) UN Water (Address) Warddle Town	_ M. D.
	If more blanks are needed, address Si	tate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Well	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 519
1. PLACE OF DEATH	(4-E)
County trederick within the corporate	Registration Dist. No. 121
Village or City Frederick	No. 30 4 Varx ave St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How iong in U.S. If of foreign birth?mosds.
2. FULL NAME Mary and Stephe	If U. S. Veteran, specify WAR Moule
(a) Residence: No. 304 Part are	St. , Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Lannood Stephen	22, I HEREBY CERTIFY. That I attended deceased from
6-7/-18/6	2007 1 10 , 1936 , to the 4 , 1937
6. DATE OF BIRTH (month, day, end year)	t last saw handle alive on 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, avm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
68 27 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	7-1-1-1 No. 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at) C//2 7 11. Total time (years) this occupation (month and	Caranita guite 1900
work was done, es SILK MILL, SAW MILL, BANK, etc.	
year) occupetion 1.1.1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
I D D	News of assetting
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Mary and Byers	23. if death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Marylun Syers 16. BIRTHPLACE (city or town) Carroll Co.	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT LOS. S. Stephens	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	· · · · · · · · · · · · · · · · · · ·
Place my blive Kee Date James 6 , 1937	Manner of injury
1661	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER O. C. October (Address) Treferies Red	If so, specify
1. Jan 20 8. 4. Cr 1.	(Signed) Releases M. D.
20. FILED Registrar	(Address) Bardersch, Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis 120 0 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
- A			
	1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 520
County Frederick	Registration Dist. No.
Village or City Centerville	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(If Length of residence in city or town where death occurred6.Q_yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos,ds.
2. FULL NAME Daniel Hamilton Sulcer	If U. S. Veteran, specify WAR NONE
(a) Residence: No. Centerville, Md.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH January 28, 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Corum	22. I HEREBY CERTIFY. That I attended deceased from 12/1 1936, to 1/27 1937
6. DATE OF BIRTH (month, day, and year) February 7, 1874	I last saw him allve on an 27 ,1937; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 6.45 Pm.M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
B. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Maryland	Were as follows: Chrime Mich Cardiles 12/1/3 Churic lansing Congrition Other Contributory Causes of Importance: Attended Type Realist 1/233
13. NAME Henry C. Sulcer 14. BIRTHPLACE (city or town) (State or country) Maryland	Nama of operation Date of What test confirmed diagnosis? Danied Westhere an autopsy?
15. MAIOEN NAME Mary C. Hale 16. BIRTHPLACE (city or town) (Stata or country) Maryland 17. INFORMANT Martin L. Sulcer (Address) Frederick, Md.	23. If death was due to extarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Jefferson, Md. Dete 1/31,, 1937	Manner of Injury
19. UNDERTAKER M.R. Etchison & Son (Address) Frederick, Md. 20. FILED 20 - LOA:, 1927. Dr. The County	24. Wes disease or Injury In any way related to occupation of daceased? No If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis FFR 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	A A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Tinin the Cornorate Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of rasidence in city_or town where death occurred: How long In U.S. if of foreign birth? statement US. Veteran, specify WAR If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word) (Day) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, & SAW MILL, BANK, etc..... may back 11. Total time (years)
spent in this 422 10. Date deceased last worked at this occupation (month and that 12. BIRTHPLACE (city or town) (Stata or country) FAT See 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?. Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide? Date of Injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ DEA' (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) 18. BURIAL: CREMATION. OR Manner of injury CAUSE Nature of injury, 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registra

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RESERVED

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis,	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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	ECORD. Every it PHYSICIANS act statement o	
R BINDING	A PERMANENT RECORD. Every item of inforted EXACTLY. PHYSICIANS should state perly classified. Exact statement of OCCUPA-	

1. PLACE OF DEATH

2	2. FULL NAM (a) Residence	41	n. ma	arren shet s	Jaylor Ward of sout a netering
-	PERSONA	AL AND STATIS	(Usual place		If nonresident give city or town and State
	sex	4. COLOR OR RACE	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH
	If married, widowe HUSBAND of (er) WIFE-of	d, or divorced &	Troff.	deceased)	(Month) (Day) 22. HEREBY CERTIFY That I ettended decomposition to the second s
-	DATE OF BIRTH (n	month, day, and year) Months	Mary 5	If LESS than 1 day,hrs.	to have occurred on the date stated above, et
on back of	9. Industry or by work was SAW MILL	ion, or perticular rick done, as SPINNER, BOOKKEEPER, etc	sp3	kec time (yeers) nit in this upation	Brimary ine stomach ; Benjin frances Other other other moderates sight
instruc HER	(State or count 13. NAME	hales W	land anen &	ayler	- xaonthus francis
important. See	14. BIRTHPLACE (Stete or c	E Sarah	ay la	ller	Name of operation
17.	(State or INFORMANT(Address)	Frede	ungara	har .	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
Si NOIL 19.	Place Zuf	UN, DR REMOVAL	Date Jan	7 ,1937	Manner of injury

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 5 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Pa.
County Trederigla	Registration Dist. No.
Village or City Montervil Emergency	Take Dit-
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME daurence I homa	a veteran.
(a) Residence: No. New Market, Media	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male Calary. OR DIVORCED (write tha word)	January 13 103 7
5a. If married, widowed or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
0 7 10 1	January 6, 19 3 7, to January 13, 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days 16 1500 then	I last saw h eliva on
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated above, at
• ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importence were es follows:
8. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	analysis lower
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaesed last worked at 11. Total time (years)	The trans
10. Date dacaesed last worked at this occupation (month and 100 h) spent in this	- Manuagalans
year) occupetion occupetion	Ohor Contillation Constitution
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stata or country) Maryland.	Word alestal Day
13. NAME Den Inamas. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(Stata or country) Margiand'	What test confirmad diagnosis?
15. MAIDEN NAME (ate Priso) 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19,
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT wangeline tite	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) me sarrey Haspital 18. BURIAL, CREMATION, OR REMOVAL of new York	
Place Simpown Chapeleta Jan 16 1937	Menner of injury
Ches I	Nature of injury
19. UNDERTAKER A. C. Takoner (Addrass) New Monta T	24. Was disease or Injury In any way raiated to occupation of decaased?
a salamor o	(Signad)
20. FILED Par 13 , 195/ 170 1 Therety =	(Addrass) Produced M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	il il	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 5 1937	1915	Attack of epilcpsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cercbral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Village or City Notativelle (No. St., Wallage or City Notativelle (No. St., Wallage or City Notativelle (No. St., Wallage or City of town where death-occurred in a horpital or institution, give its NAME instead of street and number) 2. FULL NAME (No. St., Ward. St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) For DIVORCED (write the word) So. If marriad, widowed, or divorced HUSBAND of (Or) WIFE of Oliver of Order of Cornel (No. St., No. St., Ward. (Month) 1. DATE OF BIRTH (month, day, and year) 1866 - 3 - 20 1. I HER EBY CERT 1 FY That I attended deceased from the No. St., Ward. (Month) 22. I HER EBY CERT 1 FY That I attended deceased from No. St.,	1. PLACE OF DEATH		(3)	2 1
Langth of rasidance in cityer town where death-occurred with the control of training and the control of the con	County Frederics	Vpp	Registration Dist. No.	5.0
2. FULL NAME LANGE LANGE COLOR OF ARCE 1. SEX 1. COLOR OF ARCE 1. SINCE, MARRIC WOOD, OR BY DEATH OF STRINE, SAWER, BORKEPER, atc. 2. HERE BY SERTH (month, day, and year) 1866-3 2. DATE OF BIRTH (month, day, and year) 1866-3 2. BIT seed a prefusion or particular sawer down and state work was done as SILK MILL, SAWER, BORKEPER, atc. 2. ARE Year Months 2. I first a which work was done as SILK MILL, SAWER, BORKEPER, atc. 2. I say a seed on a set SILK MILL, SAWER, BORKEPER, atc. 2. I say a seed on a set SILK MILL, SAWER, BORKEPER, atc. 2. I say a seed on a set SILK MILL, SAWER, BORKEPER, atc. 2. SAWER, BORKEPER, atc. 2. I say a seed on a set SILK MILL, SAWER, BORKEPER, atc. 2. SAWER, BORKEPER, atc.	Village or City Wolfow	al (outside)	No. St.,	Wai
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCES (curie the word) OR DIVORCES (curie the word) OR DIVORCES (curie the word) Sp. II merriad, widowed, or dispread (April 1937) 1937. AGE Years Months 7. AGE Years Months Oays IT LESS than I day,hrs. ormin. SAWYER, BOOKREPER, stc. 2. Industry or town and State PRINCIPAL CAUSE OF DEATH The PRINCIPAL CAUSE OF DEATH AND related deceased for how each at stated bows, at. 7, 1937. To PRINCIPAL CAUSE OF DEATH and related deceased of importance were as follows: BETHEFLACE (city or town) 1. Total time (years) Sawyer, BOOKREPER, stc. 1. Manuer of operation. 1. BIRTHPLACE (city or town) 1. AND	Length of rasidance in city or town where	death-occurradvrsmo	sds. How long in U.S. if of foreign birth?yrs	mosc
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR PRACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If married, widowed, or disporad WISSANDO (Grown) WISSANDO (Grown) WISSANDO (Grown) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Or	2. FULL NAME LOSS &	loerla Jours.		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 50. If marriad, widowed, or disporate HUBERAN-OF (Or) WIFE of COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 50. If marriad, widowed, or disporate HUBERAN-OF (Or) WIFE of COLOR OR, ACCE 10. DIT OF ERTH (month, day, and year) 1866 — 20 11 ast saw had, a live on 12. If HEREBY (ERTIFY, That I attended deceased from the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred on the data stated abova, at. 7, 1937; death is sit to have occurred in house occurred in morrial data stated abova, at. 7, 1937; death is sit to have occurred in house occurre	(a) Residence: No.			
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1 day, hrs. or min. 8. Trede, profassion, or particular kind of work done, es SPINNER, SAWER, BOOKEPER, atc. Advanced kind of work done, es SPINNER, SAWER, BOOKEPER, atc. Advanced kind of work done, es SPINNER, SAWER, BOOKEPER, atc. Advanced kind of work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and year) 12. BIRTHPLACE (city or town) ** Apademic City Opening Control of the Country Canese of Importance: 13. NAME ** Advanced kind of worked at this occupation of the Country Canese of Importance: 14. BIRTHPLACE (city or town) ** Apademic City Opening Country Count			I last saw hale aliva on four 27, 193	-; death is sa
8. Trede, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEPER, atc. 9. Industry or business in which work was done, as SPINNER, SAWER, BOOKEPER, atc. 9. Industry or business in which work was done, as SPINNER, SAWER, BOOKEPER, atc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Fracture Security 13. NAME 14. BIRTHPLACE (city or town) Fracture Security 15. MAIDEN NAME Clipa Baker 16. BIRTHPLACE (city or town) Fracture Security 16. BIRTHPLACE (city or town) Fracture Security 16. BIRTHPLACE (city or town) Fracture Security 17. INFORMANT Raffurant Course 18. BURIAL, CREMATION, OR REMOVA Place Manner of Injury Place Manner of Injury Nature of injury 14. Was disease or injury in any way ralated to occupation of deceased? 16. Specify of the North State Specify Security or town, country and State Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVA Place Manner of Injury Nature of inju	Im A 1.			
kind of work done, es SPINNER, SAWER, BOKKEPER, atc. Housework Coursel Nuy Ol or duty: Office Spinner Jon, Sweep done, es SPINNER, SAWER, BOKKEPER, atc. Housework Coursel Nuy Ol or duty: Office Jon, Industry or business in which worked and escapeable and this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 22. BIRTHPLACE (city or town) Freeders Classification of the Cantributery Canses of Importance: 13. NAME Hopmy Markow 14. BIRTHPLACE (city or town) Freeders Classification occupation. 15. MAIDEN NAME Cliga Bokker. 16. BIRTHPLACE (city or town) Freeders Classification of the confirmed diagnosis? Was there an autopay? It is made to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Freeders Classification of the country occurred in INOUSTRY, in Home, or in PUBLIC PLACE. 17. INFORMANT Page Work Place Data Data Data Data Data Data Data Dat	8 Trade profession or particular	ormin.	were as follows:	Date of onse
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12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMAJION, OR REMOVA Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 10. BIRTHPLACE (City or town) 11. INFORMANT 12. BIRTHPLACE (City or town) 13. Name 14. Correct 15. Maident 16. BIRTHPLACE (City or town) 17. INFORMANT 18. BURIAL, CREMAJION, OR REMOVA Place 18. BURIAL, CREMAJION, OR REMOVA Place 19. UNDERTAKER (Addrass) 19. UNDE	9. Industry or business in which work wes donales SILK MILL,			
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What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide? Date of injury Where did injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE. (Addrass) Manner of Injury Nature of injury Place In Industry Accident, suicida, or homicide? Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Addrass)	14. BIRTHPLACE (city or town)	derick bouly-	Name of operation. 2000	
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(Specify city or town, county and State) 17. INFORMANT Registration of the state o	16. BIRTHPLACE (city or town)	erick bounty	2 - 2/	, 19
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(Addrass) / Smithsburgh. T If so, specify of Slove Horp	1 - 1) " 1.	Data Jaw 30 , 1937		
and the state of t	777	Trey.	24. Was disease or injury in any way related to occupation of deceased?	up
	(Addrass) / Son	ultaburg 10. 0		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 75 2 1937	July 5, 1927	Peritonitis	3 days ago
MARAN V. S.			
Other contributory causes of importance;		Other contributory causes of importance:	- 81
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Frederick.	Registration Dist. No. 136
Village or City Mr. Ifamsuille:	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Walter Namilton.	varfield
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. It married widowed or divorced.	21. DATE OF DEATH (Month) (Oay) (Mear)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Frances May Day!	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) day to keep and	I lest saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at about 1 Am.
about 72,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farm Laborer	Was Lorend dead at 11 A me, and
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	and I viewed the remains
10. Date deceased last worked at this occupation (month and year)	af 3 Pm.
vest)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Marrland:	
13. NAME Joshua, Warfield 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country) VI ary and	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Mary Houng 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur?
17. INFORMANTIAS Ruby H Molullinean	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dosfret formultur Date 1- (0- 1937	Nature of injury.
19. UNDERTAKER WENTERLESTIEN,	24. Wes disease or injury in any way related to occupation of deceased? No
(Address) here market. Md.	If so, specify PRAID
20. FILED Jan 5, 1937 CO Hardraellow Registrar.	(Signed) There warket, Mrd, M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , FEB . G.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Within the Gui solder County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?___ PHYSICIANS 2. FULL NAME S. Veteran, specify WAR Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEAT OR DIVORCED (wrighthe word) Ma (Month) (Dey) 5a. If married, widowed, or divorced HUSBAND of HER That I attended deced sed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Days If LESS than Months 1 dayhrs. or min. Dats of onest 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... may 9, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10.-Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... tributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER trederick Name of operation... 14. BIRTHPLACE (city or town). (State or country) What test confirmed diegnosis?... efully ----- Was there en eutopsy?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town). DEATH (State or country) Where did injury occur?___ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnous OF (Address) 18. BURIAL, CREMATION, OF Manner of Injury CAUSE ow.30, 1937 Nature of Injury. 24. Was disease or injury in any ey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HOWEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

-WRITE PL.

N. B.-

should state of OCCUPA.

1. PLA	CE OF DEA	тн			89:00	21
Cou	nty Freder	rick	************		Registration Dist. No	21
Villa	age or City 🖭	rederic	X		NoFrederickCounty Emg. Hos	pital War
Leng	th of residence in o	city or town where	death occurred	(1) mosyrs,mos	death occurred in a hospital or institution, give its NAME instead of stree ds. How long in U.S. If of foreign birth?yrs.	t and number)
2. FUL	L NAME M	rs. Mar	garet E	lizabeth 1	Woodardit U. S. Veteran, specify WAR non	A
					St., Ward. Nr. Nalkersville If nonresident give city or tow	
PE	RSONAL AN	ND STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEAT	тн
s. sex fema		or or race	5. SINGLE, MA OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH Jan 4th (Day) (Month)	, 193 ¹⁷
5a. If marrie HUSBA (or) W	ed, widowed, or div ND of IFE of Corr	orced nelius V	loodard		22. HEREBY CERTIFY, That I atte	11
e DATE OF	BIRTH (month, da	Ju	ıly 18,	1871	1 bast saw h alive on 4	7, 19.∋.0 3⊆; deeth Is sal
7. AGE	Years	Months	Days	If LESS than	to have occurred on the data stated above, et 7 a 30 A m.	
	65	5	16	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Tre	de, profession, or p kind of work done SAWYER, BOOKKE	erticular , as SPINNER, I	Domesti	С	Me and	3
9. ind	ustry or business I work was dona, as	n which			(ingses	37
	SAW MILL, BANK,	etc		l tima (years)		
	a deceased last wo this occupation (mo year)	onth end $1/37$	S 0	pant in this 50 coupation		
12. BIRTHP	LACE (city or town)	Maryka	ind		Other Caatributary Causes of Importance:	9
¥ 13. NA		Jones			acus mena	14
14. BIR	THPLACE (city or t (State or country)		rland		Neme of operation Dete	
± 15. MAI	DEN NAME Mi	nervia	Prater		23. If deeth wes due to external causes (VIOLENCE) fill in also the fol	
	THPLACE (city or t	own) Maryl	and		Accident, suicide, or homicide? Date of injury	
Σ	(State or country)	T)	0 7		Where did injury occur? (Specify city or town, county an	nd State)
17. INFORM		Eva M.			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL,	CREMATION, OR	REMOVAL COL	Cemet		Menner of injury	`
Plec	Mt.Ples	sant	Data Ja	n. 6, ,1937	N 1 21 1	
19. UNDERT	AKER MR.	Etchisc lerick,	n & So Maryla	n nd	24. Wes disease or injury in eny way releted to occupation of decease	67 200
20. FILED.	Jan.	1937. Dr	2 In	Curding Registra	(Signed) 130 Transaction (Address) 2224	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1937	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			5 3			
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	~ * * * • *	~ ~ ~ ~		~		~ ~

20

STATE OF MARYLAND—	CERTIFICATE OF DEATH 528
1. PLACE OF DEATH	100
County Frederich within the Sa	Registration Dist. No.
Village or City Frederick	No. 28 East 3rd St, Ward
Length of residence in city or town where death occurred	f death occurred in a horpital or institution, give its NAME instead of street and number)
	man It U.S. Keleran, specify WAR not q nelesun
(a) Residence: No. 28 East 3 of (Usual place of abode)	St., Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male was red many and a second and a sec	21. DATE OF DEATH Sau 20, 193. 7
5a, If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Emma Houch Worman	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 8 1858	I last saw h 7 7 aliva on 10 10 19 37; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
78 4 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma of Oato of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Frederich (Stete or country) Many Pared	Other Contributory Causes of importance:
1 - Thought and	
13. NAME William Worman 14. BIRTHPLACE (city or town) Luclerie p	Name of according
(State or country) Mary land	Nama of operation Data of Was there an autopsy? \(\int O_c\)
15. MAIDEN NAME Mary Gillinger	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Frederich	Accident, sulcida, or homicide? Data of Injury, 19
X (State or country) Mary Land	Where did injury occur?
17. INFORMANT Emma / Warmen (Address) Fredance md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Int. Olivet bein Oate 1/23, 1903/	Neture of injury
19. UNDERTAKER Harry E. Cearly Co-	24. Wes disease or injury in any wey related to occupetion of deceased?
(Address) Frederich Ind	If so, specify
20. FILED 22- Jany, 137 MM. County	(Signed) P. N. Daer M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	5 Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones BUREAU V. S.	May 1,1923	Gastroenteritis	1 year	

V.S. No. 1

	S'	TATE O	F MARY	LAND-	CERTIFICATE OF DEATH	
1	County Frede		Matinin	The College of	Registration Dist. No. 3	
	Village or CityE			7	No. 122 South Market St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)	
	2. FULL NAME(a) Residence: No	Margare	t Young Market (Usual place of	D	St. Ward	
	PERSONAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH	
		n on RACE hite	5. SINGLE, MARK OR DIVORCED Singl	(write the word)	21. DATE OF DEATH (Month) (Dev) (Visit)	
5a.	If merried, widowed, or divo HUSBAND of (or) WINE of	rced			22. I HEREBY CERTIFY, That I attended deceased from 1937, to 25, 1937	7
	DATE OF BIRTH (month, day		October	25 1869	lest saw harmalive on 44, 1937; death is si	ald
7.	AGE Yeers	Months	Deys	If LESS than I day,hrs.	to heve occurred on the dete steted above, et	
NOI	8. Trade, profession, or pe kind of work done, SAWYER, BOOKKEE	as SPINNER.	l 0 Housek	eeper	were es follows: Data clons Carala Para a cardata Ara 2	et
OCCUPATION	9. Industry or business In work wes done, es S SAW MILL, BANK, e	which	At Hom	464		
000	10. Date deceased lest wor this occupation (more year)	ked at nth and		me (years) t I n this pation50		
12.	BIRTHPLACE (city or town). (State or country)		lerick 7land		Other Contributory Causes of Importence:	
ER	13. NAME Willi	lam Your	ıg			
FATH	14. BIRTHPLACE (city or to (State or country)	wn) Loui	siana		Neme of operation Dete of	2
HER	15. MAIDEN NAME	Mary Ann	n Short		23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:	
MOTH	16. BIRTHPLACE (city or to (State or country)	wn) Ire	Land		Accident, suicide, or homicide?	
	INFORMANT John (Address) 1225	Market	St, Fre	derick, M	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR R	REMOVAL Mt.	Olivet	Cem.	Menner of Injury	
_	UNDERTAKER MoRo (Address) Fr	ederick		1	24. Was disease or Injury in any way related to occupetion of decessed? If so, specify (Signed) M	. D.
20	HILEDAY,	1a.A. 1.5	The IV	·	- Tre Sorich and	

500

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	Example I	and	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FFR 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	ohritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			4	

OCCUPA-Registration Dist. No jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? PHYSICIANS Length of residence in city or town where death occurred statement 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Tuckus properly 7. AGE Months If LESS than Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.___ may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total tima (years) 10. Data deceased last worked at this occupation (month end spent in this that occupation_ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town). in plain (Stata or country) What test confirmed diagnosis?. carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?_______ Date of injury______ 19 DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury CAUSE Neture of injury TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and relate of importance were as follows:	d causes Date of onset	The principal cause of death and related caus of importance were as follows:	Ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ESS 18 CALL	V. S.		
Other contributory causes of importance	e:	Other contributory causes of importance:	1 24-2-5
Gallstones	May 1,1923	Gastroenteritis	1 year

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infor-

1. PLACE OF DEATH

OCCUPA. County Frederick Corporate limits. Village or City____ Frederick Length of residence in city or town where death occurred. 2. FULL NAME Mrs. Annie Elizabeth Zimmerman (a) Residence: No. 310 West South Street (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Female White 5a. If married, widowed, or divorced HUSBAND of 22. Cornelius T. Zimmerman (or) WIFE of 6. DATE OF BIRTH (month, day, and year) April 20. 1878 certificate. 7. AGE Years Months Deys If LESS than to have occurred on the date saled above, at. I dayhrs. or min. 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. jo Housewife 9. Industry or business In which may work was done, as SILK MILL. Home SAW MILL, BANK, etc on 10. Date deceased last worked at 11. Total time (years) this occupation (month end spant in this that occupation __ instructions 12. BIRTHPLACE (city or town) (Stete or country) arvland HER 13, NAME Elsroad FAT 14. BIRTHPLACE (city or town) ain (State or country) larviand D MOTHER important. 15. MAIDEN NAME Victoria V. DEATH 16. BIRTHPLACE (city or town). (State or coun'ry) Where did injury occur?____ OF Brederick, Mar 18. BURIAL, CREMATION, OR REMOVAL Frederick. Menner of Injury AUSE TION Nature of Injury M.R. Etchison 19. UNDERTAKER 24. Was disease or injury in any rederick.Marv If so, specify ... (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. I (If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth?______mos.____ds. If U.S. Veteran, specify WAR..... If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH death is said The PRINCIPAL CAUSE OF DEATH and related causes of importance Osta of onset What test confirmed diegnosis? Was there an autopsy 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?______ Date of injury______ 19____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Frederick.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
